



McKinney-Vento Program

Intake Form

(For use upon Intake)

PARENT/GUARDIAN/OTHER	CURRENT ADDRESS	PHONE	For Office Use Only: <input type="checkbox"/> Entered in Skyward <input type="checkbox"/> MV Title I Supports <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Please list ALL children (Birth through 21 years of age) in your care: (For non-relative caregivers, please list only the children staying with you temporarily)

Name	Student No. (SSID)	Grade	Age	Date of Birth	Current or Last Attended School (if not enrolled, please indicate)

Student(s) living situation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Unaccompanied Child or Youth ³ | | |

¹ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
² Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
³ Unaccompanied child or youth not living with a parent or guardian

Is your living arrangement due to the loss of housing or economic hardship? Yes No

Please check the following services that are needed or desired:

- | | |
|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> School transportation | <input type="checkbox"/> College/FAFSA |
| <input type="checkbox"/> Clothing/Uniform/PE shoes | <input type="checkbox"/> Sports/Athletics |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Medical/dental referral – medical coupons | <input type="checkbox"/> Gifted/talented |
| <input type="checkbox"/> Vision referral | <input type="checkbox"/> Vocational/technical |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF | <input type="checkbox"/> Music/Fine Arts |
| <input type="checkbox"/> Preschool enrollment records | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Early Childhood program | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Extra-curricular clubs/activities | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fees | |
| <input type="checkbox"/> ASB, lab fees, etc. | |
| <input type="checkbox"/> Missing enrollment records | |
| <input type="checkbox"/> Birth certificate | |
| <input type="checkbox"/> Credit Recovery | |

Parent/Guardian/Unaccompanied Youth Signature:

 Name _____
 Date

