



# McKINNEY-VENTO HOMELESS ASSISTANCE ACT

## INTAKE AND REFERRAL

Send completed form to McKinney-Vento Liaison (Nina Hoffar, RSC, 7284)

Date: \_\_\_\_\_

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Counselor: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Nighttime address: \_\_\_\_\_  
Street City Zip

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

Where does the student stay at night? (Please check one box.)

- Doubled up: Sharing the housing of others due to loss of housing, economic hardship, or similar reason
- Motel/Hotel;  Shelter or transitional housing;  Unsheltered (*cars, parks, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations*)
- Migrant  Unaccompanied child or youth (*Unaccompanied child or youth not living with a parent or guardian*)
- Living in residence with inadequate facilities (*no water, no heat, no electricity, not enough beds/rooms, etc.*)

Are there other children/siblings in the family who are also homeless? (names, date of birth, ages, grade and school)

Name	Date of birth	Age	Grade	Student ID	School

Does the student need assistance with any of the following?

- Enrollment records/birth certificate  Immunization/Medical Records  School Supplies  ECEAP for preschoolers
- Preschool enrollment records  Special education  IEP  504  LEP/bilingual program  Migrant
- Gifted/talented  Music/fine arts  Sports/athletics  Extra-curricular clubs/activities
- ASB, lab fees, etc.  Vocational/technical  Tutoring/mentoring  Graduation  College/FAFSA
- Counseling  Childcare  Medical/dental/vision referral  Medicaid/DSHS services  Clothing/uniform/PE shoes
- Summer program  Housing/shelter  Other \_\_\_\_\_
- Transportation

**BELOW FOR USE BY McKINNEY-VENTO HOMELESS LIAISON ONLY**

Skyward  
 Unaccompanied youth  
 Meals  
 Notify admin/counselor  
\_\_\_\_\_  
Initials of school district  
liaison: \_\_\_\_\_

Transportation:

E-Mail Transportation Department  
 ORCA card  
 "In Lieu Of Agreement" & expense statement  
 Cooperating district  
\_\_\_\_\_

Correspondence:

Welcome letter  
 National school meal program eligibility letter  
 Parent/guardian "In Lieu Of Agreement" & letter

- o Expense statement forms

 Re-verification letter for new school year

- o Follow-up telephone contact

 Denial letter and appeals disclosure