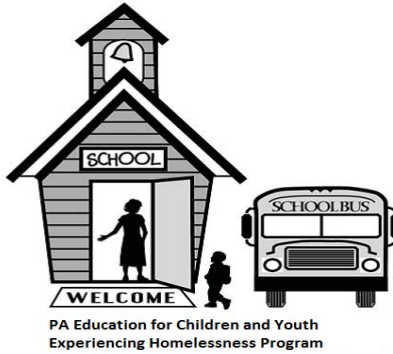


ECYEH Intake Form



This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

Student/Contact Information

Student's Last Name	First Name	PPID (10 digit)
Temporary Address	Phone Number	Alt Phone Number
Date of Birth	Gender	Grade Level
School District/Building	Parent/Guardian Enrolling Student	Relationship to Student

Precipitating Event

Place an **X** indicating the appropriate precipitating event resulting in loss of housing

Abandonment	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Parent/Guardian Incarcerated	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parental Job Loss/Loss of Income	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Other Poverty-related Situation	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

Living Arrangement

Place an **X** in the box indicating the appropriate living arrangements

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled-up (living with another family)	

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable)

I, _____ affirm that the information is true and accurate.
 (Parent/Guardian's Name)

I, _____ have been advised of my rights and child's rights
 (Parent/Guardian's Name) under the McKinney-Vento Federal Homeless
 Assistance Act.

 (Signature of Parent/Guardian) (Student's Name) (Date)

 (District Personnel Receiving Form) (Title) (Date)

District and Liaison
 Information

Jeff Zimmerman
PA ECYEH Region 7 Coordinator
Luzerne Intermediate Unit 18
368 Tioga Avenue
Kingston, PA 18704
570-718-4613
570-287-5721 (fax)
<http://www.liu18.org/index.php/ecyeh>

1. Is the student unaccompanied? Yes No

2. Race: Caucasian (White)
 African American (Black)
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Other (please specify) _____
 Do not know/refuse to answer

3. Is the student Hispanic or Latino? Yes No

4. Does the student have a disabling condition? (Check all that apply)
 Psychiatric or emotional condition
 Drink alcohol
 Use illegal drugs
 Have ongoing health problems/mental conditions
 Physical disability
 Post traumatic stress disorder
 Traumatic brain injury
 Special education
 HIV/AIDS

5. Is this the first time the student is homeless? Yes No

6. How long has the student been homeless this time? _____

7. How many times has the student been homeless in the past 3 years? _____

8. Where did the student sleep last night? _____

9. Is the student fleeing a domestic violence situation? Yes No

10. Has the student ever been in foster care? Yes No

11. Has the student been expelled or in a juvenile detention facility? Yes No

12. If student is enrolling in the district for the first time, what school did they previously attend?

13. Did the student lack any documents upon enrollment? (Academic records, medical records, immunizations, guardianship, birth certificate, IEP)

14. Does the student have siblings that are not of school age yet?

15. Which of the following services does the student and/or family need?

- Housing
- Food
- Clothing
- Eye glasses
- School supplies
- Hygiene materials
- Dental Care
- Tutoring
- Child Care/Early Childhood Program/Pre-school
- Transportation
- Counseling
- Medical Care (including prescriptions)
- Mental Health Care
- Life skills training
- Substance abuse treatment
- Job training

16. List the agencies/shelters that you have referred the student and/or family.

Additional notes: