



McKinney-Vento Program Intake and Referral Form

Send completed form to Dave Bingham at dbingham@csd313.org or *fax* 360.928.3066

STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE	DATE OF BIRTH	
NIGHTTIME ADDRESS	PARENT/GUARDIAN	PHONE		

Please list siblings or other children in the home:

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

Where does the student stay at night?

- | | | |
|---|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Temporary Placement ⁴ |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Unaccompanied Youth ³ | <input type="checkbox"/> Awaiting Foster Care | <input type="checkbox"/> Transitional Housing |

- 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 youth not living with a parent or guardian
- ⁴ Child temporarily placed with relative or guardian

Is your current residence a temporary living situation? Yes No
 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"/> Free breakfast/lunch | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> After-school programs | <input type="checkbox"/> Community resource |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Band/Orchestra |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Gifted/talented |
| <input type="checkbox"/> Medical/dental referral | <input type="checkbox"/> Vocational/technical |
| <input type="checkbox"/> Vision referral | <input type="checkbox"/> Section 504 |
| <input type="checkbox"/> Missing enrollment records: | <input type="checkbox"/> Title I/LAP |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Prior academic records |
| <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Guardianship issues |

Is Special Transportation Needed?

Parent/Guardian/Unaccompanied Youth Signature:

_____ Date _____

Building Liaison Signature:

_____ Date _____

BELOW FOR DISTRICT STAFF ONLY

SCHOOL <input type="checkbox"/> Skyward <input type="checkbox"/> Free/Reduced Meal Form <input type="checkbox"/> Sent to McKinney-Vento Liaison Date: _____
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TRANSPORTATION <input type="checkbox"/> Transportation Request <input type="checkbox"/> Bus Pass <input type="checkbox"/> Cooperating District: _____
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CORRESPONDENCE: <input type="checkbox"/> Welcome Letter <input type="checkbox"/> Re-Verification Letter for new school year <input type="checkbox"/> Follow u telephone contact <input type="checkbox"/> Denial Letter and Appeals Disclosure
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