Homeless McKinney-Vento Program
Intake Form

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>STUDENT NO.</th>
<th>GRADE</th>
<th>GENDER</th>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>☐ African American</td>
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<td>☐ Native American</td>
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<td>☐ Other</td>
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</tbody>
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<tr>
<th>CURRENT SCHOOL OR LAST ATTENDED</th>
<th>ENROLLED IN SCHOOL?</th>
<th>AGE</th>
<th>DATE OF BIRTH</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
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<thead>
<tr>
<th>CURRENT ADDRESS</th>
<th>PARENT/GUARDIAN</th>
<th>PHONE</th>
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Please list siblings or other children in the home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Student No.</th>
<th>Grade</th>
<th>Age</th>
<th>School (if not enrolled, please indicate)</th>
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Student’s living situation:

- ☐ Shelter
- ☐ Unsheltered
- ☐ Unaccompanied Youth
- ☐ Doubled Up
- ☐ Motel/Hotel
- ☐ Awaiting Foster Care
- ☐ Temporary Placement
- ☐ Migrant
- ☐ 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:

- ☐ Free breakfast/lunch
- ☐ Tutoring
- ☐ Transportation
- ☐ After-school programs
- ☐ Clothing/Uniform
- ☐ Teen Center
- ☐ School supplies
- ☐ Mentoring
- ☐ Counseling
- ☐ Special Education
- ☐ Medical/dental referral – medical coupons
- ☐ Gifted/talented
- ☐ Vision referral
- ☐ Vocational/technical
- ☐ Medicaid/DSHS services – food stamps
- ☐ Community resource
- ☐ Preschool Enrollment records
- ☐ LEP/Bilingual program
- ☐ Missing enrollment records
- ☐ Birth certificate
- ☐ Prior academic records
- ☐ Immunization/medical records
- ☐ Guardianship issues
- ☐ Trust/financial assistance needed for ___________________________ Cost $ ___________________

Comments/Changes:

Parent/Guardian/Unaccompanied Youth Signature:

_________________________________________ Date

Building/District Liaison Signature:

_________________________________________ Date

Send copy to District McKinney-Vento Office at: ATT: Superintendent - Cape Flattery School District, Box 109, Sekiu, WA 98381
Fax (360) 963-2373