

## Intake Form 2020-2021 Name of Your Program or LEA

Student:		ID number:	
<p>I am calling to follow up on the Student Residency Questionnaire that you completed for your child/children. The purpose of my call is to ask a few questions that will assist in determining if your child/children qualify for services under the McKinney Vento Homeless Assistance Act.</p>			
When did loss of housing occur and how long at the current address:			
What school did your child attend at the time?			
Was this the last school attended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what was the name?
<b>The term "homeless children and youths"— (A) means individuals who lack a fixed, regular, and adequate nighttime residence and (B) includes—</b>			
(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals:  <input type="checkbox"/>		(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings:  <input type="checkbox"/>	
(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings:  <input type="checkbox"/>		(iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii):  <input type="checkbox"/>	
Is the referred student an unaccompanied youth (UY), not in the physical custody of parent/guardian?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Birthdate:</b>			
Parent/Guardian/UY has requested school of origin		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have other children, affected by this housing situation, enrolled in Sample ISD?

Name:	ID Number:	School:	Grade: Select One
Name:	ID Number:	School:	Grade: Select One
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Intake completed by:	Date:
Intake completed with:	Relation:
Reviewed by Homeless Liaison:	Date:

## Services Provided at Intake

SERVICES	DATE														
Assist w/participation in Title I Parent Programs															
Birth certificate															
Basic needs/Hygiene kit															
Community agency referral															
Consultation with McKinney-Vento staff															
Emergency clothing / referral															
Emergency food / referral															
Emergency shelter referral															
Emergency utility assistance referral															
Enrollment assistance															
Family support services (counseling and social work)															
Immunizations or immunization records															
Non-emergency housing referral															
Nutrition - School Lunch															
Parent education: Community Ed/ESL															
Parent education:															
Referrals: medical, dental, other															
School records															
School supplies															
Transportation (school of origin)															
Transportation (accessing services)															
Other services not listed above:															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Explain services available:</td> <td style="width: 10%; text-align: center;">Food</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 40%; text-align: center;">Transportation</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Services</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Explain services available:	Food	Yes	No	Transportation	Yes	No	Services		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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Services		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>									
<p>If the student is absent or will be moving, to call the transp. office at (111) <u>111-1111</u> as soon as possible to cancel the bus for the day.</p> <p>After several days of not canceling, the student may risk losing transportation to the school of origin.</p>															
<p><b>Notes:</b></p>          															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Was Parent/Guardian/UY informed of reason for non-qualification?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Was Parent/Guardian/UY informed of reason for non-qualification?	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>									
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