



Homeless Student Intake Form *NOTE: THIS FORM SHOULD ONLY BE COMPLETED IF STUDENT IS HOMELESS*

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	MI
Temporary Address	Phone #	Alternate Phone #
Date of Birth	Gender	Grade Level
School Building	Parent/Guardian Enrolling	Relationship to Student
	Student	

Precipitating Event:

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

Abandonment	Left Home	
Act of Nature	Parent/Guardian Hospitalized	
Death of Parent/Guardian	Parent/Guardian Incarcerated	
Domestic Violence	Parental Job Loss/Loss of Income	
Eviction	Other Poverty-Related Situation	
Fire	Other	

(Form Continues on Back)

Living Arrangement:

 Place an 'X' indicating the appropriate living arrangements.

 Shelter

 Transitional Housing

 Hotel/Motel

 Unsheltered (Campground, Car, Abandoned Building, Park, Temporary Trailer, Street)

 Doubled-Up (Living with Another Family)

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

I,Signature of Parent/Guardian	, affirm that the information above is true and accurate.	
I,Signature of Parent/Guardian	, have been advised of my rights and child's rights under the McKinney- Vento Federal Homeless Assistance Act.	
(Signature of Parent/Guardian)	(Student's Name) (Date	
(District Personnel Receiving Form)	(Title) (Date	
District Homeless Liaison: Margaret M. Leedy Director of Pupil Services Jersey Shore Area School District 175 A & P Drive Jersey Shore, PA 17740	PA ECYEH Region 7 Coordinator: Jeff Zimmerman Luzerne Intermediate Unit 18 368 Tioga Avenue Kingston, PA 18704 (570) 718-4613	
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