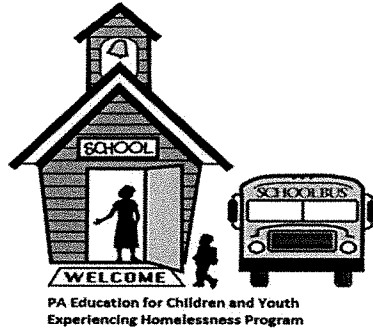


ECYEH Intake Form



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	M.I.
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	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	

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
 under the McKinney-Vento Federal Homeless
 Assistance Act.
 (Parent/Guardian's Name)

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

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

District and Liaison
 Information

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