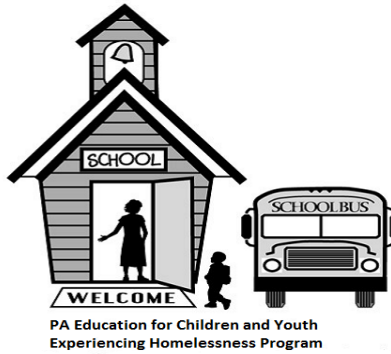


# ECYEH Intake Form



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 Name	PPID (10 digit)
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

<b>Shelter</b>	
<b>Transitional Housing</b>	
<b>Hotel/Motel</b>	
<b>Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)</b>	
<b>Doubled-up (living with another family)</b>	

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

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I, \_\_\_\_\_ affirm that the information is true and accurate.  
*(Parent/Guardian's Name)*

I, \_\_\_\_\_ have been advised of my rights and child's rights  
*(Parent/Guardian's Name)* under the McKinney-Vento Federal Homeless  
 Assistance Act.

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**(Signature of Parent/Guardian)**

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**(Student's Name)**

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**(Date)**

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**(District Personnel Receiving Form)**

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**(Title)**

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**(Date)**

District and Liaison  
Information

**Jeff Zimmerman**  
**PA ECYEH Region 7 Coordinator**  
**Luzerne Intermediate Unit 18**  
**368 Tioga Avenue**  
**Kingston, PA 18704**  
**570-718-4613**  
**570-287-5721 (fax)**  
<http://www.liu18.org/index.php/ecyeh>

1. Is the student unaccompanied?  Yes  No
  
2. Race:  Caucasian (White)  
 African American (Black)  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Other (please specify) \_\_\_\_\_  
 Do not know/refuse to answer
  
3. Is the student Hispanic or Latino?  Yes  No
  
4. Does the student have a disabling condition? (Check all that apply)  
 Psychiatric or emotional condition  
 Drink alcohol  
 Use illegal drugs  
 Have ongoing health problems/mental conditions  
 Physical disability  
 Post traumatic stress disorder  
 Traumatic brain injury  
 Special education  
 HIV/AIDS
  
5. Is this the first time the student is homeless?  Yes  No
  
6. How long has the student been homeless this time? \_\_\_\_\_
  
7. How many times has the student been homeless in the past 3 years? \_\_\_\_\_
  
8. Where did the student sleep last night? \_\_\_\_\_
  
9. Is the student fleeing a domestic violence situation?  Yes  No
  
10. Has the student ever been in foster care?  Yes  No
  
11. Has the student been expelled or in a juvenile detention facility?  Yes  No
  
12. If student is enrolling in the district for the first time, what school did they previously attend?

13. Did the student lack any documents upon enrollment? (Academic records, medical records, immunizations, guardianship, birth certificate, IEP)

14. Does the student have siblings that are not of school age yet?

15. Which of the following services does the student and/or family need?

- Housing
- Food
- Clothing
- Eye glasses
- School supplies
- Hygiene materials
- Dental Care
- Tutoring
- Child Care/Early Childhood Program/Pre-school
- Transportation
- Counseling
- Medical Care (including prescriptions)
- Mental Health Care
- Life skills training
- Substance abuse treatment
- Job training

16. List the agencies/shelters that you have referred the student and/or family.

Additional notes: