**McKinney-Vento Program**

**SAMPLE Intake Form**

| STUDENT NAME | STUDENT ID NUMBER | | GRADE | | GENDER | **Date of Intake:**    Updated: |
| --- | --- | --- | --- | --- | --- | --- |
| CURRENT SCHOOL OR LAST ATTENDED | ENROLLED IN SCHOOL?  Yes  No | | AGE | | DATE OF BIRTH |
| CURRENT ADDRESS | PARENT/GUARDIAN | | PHONE | | |
| **Please list siblings or other children in the home:** | | | | | | | |
| **Name** | **Student ID** | **Grade** | | **Age** | **School (if not enrolled, please indicate)** | | |
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| **Student’s living situation:**  Shelter  Doubled Up1  Unsheltered2  Motel/Hotel  Transitional Housing Migrant 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, or other location not ordinarily used as sleeping accommodations    Is the student unaccompanied by a parent or guardian?  Yes  No  Is the current residence a temporary living situation?  Yes  No  Is the living arrangement due to the loss of housing or economic hardship?  Yes  No  **Check the following services that are needed or requested:**  Free breakfast/lunch  Title I Services (e.g., tutoring)  Transportation  After-school program  Clothing/Uniform/Shoes  English Learner program  School supplies  Mentoring  Counseling  Special Education  Medical/dental/vision services or transportation  Gifted/talented  Career and technical education  Community resources  Oregon Health Plan enrollment  School fees waiver    Missing enrollment records:    Birth certificate  Prior academic records  Immunization/medical records  Guardianship issues |
| --- |
| **Other needs:** |
|  |

**District Liaison Signature:**

Name Date

**Person completing form (if different):**

Name Date