



McKinney-Vento Student Residency Intake

The information gathered in this form is intended to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act 42 U.S.C. 11435, which contains a specific definition of homelessness that includes a broad array of living situations.

Student Last name _____ **First** _____ **Grade** _____ **School** _____

Name of staff member completing form _____ **Phone** _____ **ext.** _____

Where is the student currently residing?		For Dept. Use Only
<input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing.		<input type="checkbox"/> Doubled-Up
<input type="checkbox"/> With an adult that is not my parent or legal guardian, or alone without an adult.		<input type="checkbox"/> Doubled-Up/ Unaccompanied Youth
<input type="checkbox"/> In a hotel/motel.		<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> In a vehicle of any kind, trailer park, or campground without running water/electricity, an abandoned building or substandard housing.		<input type="checkbox"/> Unsheltered
<input type="checkbox"/> In an emergency/transitional shelter.		<input type="checkbox"/> Sheltered
<input type="checkbox"/> Temporary placement (DES, Foster, etc.)		<input type="checkbox"/> Temporary
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other

Parent/Guardian: _____

Address of current residence: _____

(or)

Name of motel/shelter of current residence: _____

(or)

Name of "general area" of current residence: _____

Phone number or contact number: _____ **Name of contact:** _____

I would like to request the following available assistance for this child:

- Grade appropriate school supplies
- Backpack
- Uniform clothing
 - o Pant/short/skirt size _____ Shirt size _____
 - o Shoe size _____ Socks _____ Undergarments _____
 - o Jacket size _____
 - o Toiletries – Needs _____
- Nutritional services during school hours
- Transportation to/from school

Please list any siblings:

Last name	First name	M/F	Grade	School

STUDENT LAST NAME: _____ **FIRST:** _____ **SCHOOL:** _____ **GRADE:** _____

Department Use Only

Food service	Supplies	Health Services	Clothing	Jacket size
Start	School		Shirt size	Undergarments
End	Backpack		Pant size	Toiletries
Date notified	Date sent	Date notified	Socks/Shoes	Date sent

Activities	Principal	Needs in Synergy	SPED
Sport		Type	Yes
Academics			No
Date	Date notified	Date entered	Date notified

Transportation notified
Date parent notified
Bus route

Please submit this information to:

Teri Ponticello
 Grants & Federal Programs Coordinator
 District Office/213
 (520) 568-5100 ext.1010
tponticello@musd20.org

Eligibility approval:
Date to Principal: