

**Colville School District
McKinney-Vento Program
Intake Form**

STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE	DATE OF BIRTH	
CURRENT ADDRESS	PARENT/GUARDIAN	PHONE		

Please list siblings or other children in the home:

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

Student's living situation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Temporary Placement ⁴ |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Unaccompanied Youth ³ | <input type="checkbox"/> Awaiting Foster Care | <input type="checkbox"/> Transitional 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, abandoned hospital, or other location not ordinarily used as sleeping accommodations
- ³ Unaccompanied youth not living with a parent or guardian
- ⁴ Child temporarily placed with relative or guardian

Is your current residence a temporary living situation? Yes No
 Is your living arrangement due to the loss of housing or economic hardship? Yes No

Please check the following services that are needed or desired:

- | | |
|--|---|
| <input type="checkbox"/> Free breakfast/lunch | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> After-school programs |
| <input type="checkbox"/> Clothing/Uniform | <input type="checkbox"/> Teen Center |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Medical/dental referral – medical coupons | <input type="checkbox"/> Gifted/talented |
| <input type="checkbox"/> Vision referral | <input type="checkbox"/> Vocational/technical |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps | <input type="checkbox"/> Community resource |
| <input type="checkbox"/> Preschool Enrollment records | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Missing enrollment records | |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Prior academic records |
| <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Guardianship issues |

Trust/financial assistance needed for _____ Cost \$ _____

Comments/Changes:

Parent/Guardian/Unaccompanied Youth Signature:

Name Date

Building/District Liaison Signature:

Name Date

*Send copy to District McKinney-Vento Office Attention: Randy Cloke, S 217 Hofstetter, Colville, WA 99114

District Coordinator Signature:

Name Date

Notes

Lined area for writing notes.