Colville School District
McKinney-Vento Program
Intake Form

STUDENT NAME | STUDENT NO. | GRADE | GENDER | Ethnicity:
| | | | | African American
| | | | Asian
| | | | Caucasian
| | | | Hispanic
| | | | Native American
| | | | Other

CURRENT SCHOOL OR LAST ATTENDED | ENROLLED IN SCHOOL? | AGE | DATE OF BIRTH
| | Yes | No

CURRENT ADDRESS | PARENT/GUARDIAN | PHONE

Please list siblings or other children in the home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Student No.</th>
<th>Grade</th>
<th>Age</th>
<th>School (if not enrolled, please indicate)</th>
</tr>
</thead>
</table>

Student’s living situation:

- [ ] Shelter
- [ ] Unsheltered
- [ ] Unaccompanied Youth
- [ ] Doubled Up
- [ ] Motel/Hotel
- [ ] Awaiting Foster Care
- [ ] Temporary Placement
- [ ] Migrant
- [ ] 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:

- [ ] Free breakfast/lunch
- [ ] Tutoring
- [ ] Transportation
- [ ] After-school programs
- [ ] Clothing/Uniform
- [ ] Teen Center
- [ ] School supplies
- [ ] Mentoring
- [ ] Counseling
- [ ] Special Education
- [ ] Medical/dental referral – medical coupons
- [ ] Gifted/talented
- [ ] Vision referral
- [ ] Vocational/technical
- [ ] Medicaid/DSHS services – food stamps
- [ ] Community resource
- [ ] Preschool Enrollment records
- [ ] LEP/Bilingual program
- [ ] Missing enrollment records
- [ ] Birth certificate
- [ ] Prior academic records
- [ ] Immunization/medical records
- [ ] 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 __________