



Colville School District #115 McKinney-Vento Program Intake Form

(For Liaison use upon Intake)

District Use Only

◇ eligible

◇ not eligible

2020-2021

PARENT/GUARDIAN/OTHER	CURRENT ADDRESS	PHONE	For Office Use Only: <input type="checkbox"/> Entered in SIS <input type="checkbox"/> Free Meals <input type="checkbox"/> Title I Supports <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-----------------------	-----------------	-------	---

Please list ALL children (Birth through 21 years of age) in your care: (For non-relative caregivers, please list only the children staying with you temporarily)

Name	Student No. (SSID)	Grade	Age	Date of Birth	Current or Last Attended School (if not enrolled, please indicate)

Student(s) living situation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Unaccompanied Child or Youth ³ | | |

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 child or youth not living with a parent or guardian

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"/> Childcare | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> School transportation | <input type="checkbox"/> Before/after-school programs |
| <input type="checkbox"/> Clothing/Uniform/PE shoes | <input type="checkbox"/> Sports/Athletics |
| <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/TANF | <input type="checkbox"/> Music/Fine Arts |
| <input type="checkbox"/> Preschool enrollment records | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Early Childhood program | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Extra-curricular clubs/activities | <input type="checkbox"/> Indian Education program |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> College/FAFSA |
| <input type="checkbox"/> Fees | <input type="checkbox"/> Summer program |
| <input type="checkbox"/> ASB, lab fees, etc. | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Missing enrollment records | <input type="checkbox"/> Migrant Education program |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Other _____ |

Financial assistance needed for _____ Cost \$ _____

Parent/Guardian/Unaccompanied Youth Signature: _____

verified via phone call: _____
date, time and staff initials

Name _____

Date _____

