**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)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

| **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