

IU 1 EDUCATION FOR HOMELESS CHILDREN AND YOUTH PROGRAM  
MCKINNEY-VENTO HOMELESS ASSISTANCE ACT



DISTRICT/SCHOOL \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

STUDENT'S DATE OF BIRTH \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_  
(Month) (Day) (Year)

PARENT/GUARDIAN NAME \_\_\_\_\_ UNACCOMPANIED YOUTH \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

**Check all that apply to you or your child's living situation:**

- in a shelter     with relatives or others due to lack of housing     at a train or bus station, park or in a car
- in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing
- temporarily housed in shelter awaiting permanent foster care placement
- in abandoned apartment/building
- other \_\_\_\_\_ Disaster victim? Explain \_\_\_\_\_

Is there a current Order of Protection or No Contact order which concerns this student: Yes  No

Last school attended: \_\_\_\_\_

Eligible for any of these educational and school related activities and services?

- Special Education (IDEA)     English Language Learners (ELL)     Gifted and Talented
- Vocational Education     Other \_\_\_\_\_

Possible Barriers to Education

- School Selection     Transportation     School Records     Immunizations or other medical records
- Other issues/barriers \_\_\_\_\_

Requested Services

- Referrals for medical, dental, and other health services     Transportation     Early childhood programs
- Assistance with participation in school programs     Before/after-school, mentoring, summer programs
- Obtaining or transferring records necessary for enrollment     Parent education related to rights/resources
- Coordination between schools and agencies     Counseling     Addressing needs related to domestic violence
- Clothing to meet a school requirement     School supplies     Referral to other programs and services
- Emergency assistance related to school attendance     Other \_\_\_\_\_

COMMENTS \_\_\_\_\_

To the best of my knowledge, the information in this document is accurate.

Print Name & Title of Person completing form \_\_\_\_\_