

**EDUCATION FOR HOMELESS CHILDREN AND YOUTH PROGRAM  
MCKINNEY-VENTO HOMELESS ASSISTANCE ACT**  
PLEASE PRINT

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

STUDENTS NAME \_\_\_\_\_ M \_\_\_ F \_\_\_  
(Last Name) (First Name) (Middle Initial)

STUDENTS DATE OF BIRTH \_\_\_\_\_ SIS # \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_  
(Month) (Day) (Year)

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

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

RACE/ETHNICITY \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ Amer. Ind/Alaskan Nat. \_\_\_ MultiRacial/Ethnic

**CONFIDENTIAL INFORMATION**

**Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:**

- 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  
 in abandoned apartment/building     temporarily housed in shelter awaiting DCFS permanent foster care placement  
 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 \_\_\_\_\_

**Proposed Services and Activities to be Provided by McKinney-Vento**

- Tutoring or other instructional support     Expedited evaluations     Staff professional development/awareness  
 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 \_\_\_\_\_

ROE/LEA/Agency \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_