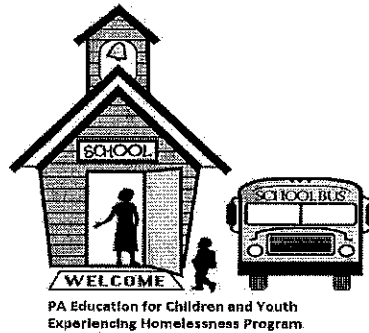


ECYEH Intake Form



This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

Student/Contact Information

| | | |
|--------------------------|-----------------------------------|-------------------------|
| Student's Last Name | First Name | PPID (10 digit) |
| Temporary Address | Phone Number | Alt Phone Number |
| Date of Birth | Gender | Grade Level |
| School District/Building | Parent/Guardian Enrolling Student | Relationship to Student |

Precipitating Event

Place an **X** indicating the appropriate precipitating event resulting in loss of housing

| | | | |
|--------------------------|--------------------------|----------------------------------|--------------------------|
| Abandonment | <input type="checkbox"/> | Left Home | <input type="checkbox"/> |
| Act of Nature | <input type="checkbox"/> | Parent/Guardian Hospitalized | <input type="checkbox"/> |
| Death of Parent/Guardian | <input type="checkbox"/> | Parent/Guardian Incarcerated | <input type="checkbox"/> |
| Domestic Violence | <input type="checkbox"/> | Parental Job Loss/Loss of Income | <input type="checkbox"/> |
| Eviction | <input type="checkbox"/> | Other Poverty-related Situation | <input type="checkbox"/> |
| Fire | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Living Arrangement

Place an X in the box indicating the appropriate living arrangements

| | |
|--|--|
| Shelter | |
| Transitional Housing | |
| Hotel/Motel | |
| Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street) | |
| Doubled-up (living with another family) | |

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable)

I, _____ affirm that the information is true and accurate.
(Parent/Guardian's Name)

I, _____ have been advised of my rights and child's rights
(Parent/Guardian's Name) under the McKinney-Vento Federal Homeless Assistance Act.

(Signature of Parent/Guardian)

(Student's Name)

(Date)

(District Personnel Receiving Form)

(Title)

(Date)

District and Liaison
Information

Jeff Zimmerman
PA ECYEH Region 7 Coordinator
Luzerne Intermediate Unit 18
368 Tioga Avenue
Kingston, PA 18704
570-718-4613
570-287-5721 (fax)
<http://www.liu18.org/index.php/ecyeh>



AFFIDAVIT FOR MISSING ENROLLMENT DOCUMENTATION

Missing Documentation

I, _____, based upon my personal knowledge, answer the following questions as noted in my handwriting on this page, which are propounded by duly authorized officials of the Pocono Mountain School District concerning a student's missing enrollment documentation for the following:

| | | | |
|-----------------------------|-------------------------|----------------------------|-------------|
| Proof of Residency _____ | Proof of Identity _____ | Immunization Records _____ | Other _____ |
| Proof of Guardianship _____ | Proof of Age _____ | Proof of Dependency _____ | _____ |

Student information

Student(s) Name _____ Current Address _____

Student(s) Birthdate(s) _____ Phone _____

Student(s) Place of Birth _____

Parent/Legal Guardian/Caregiver Information

You are being asked to answer these questions because you are unable to provide the documents checked above that are required for enrollment. In accordance with the McKinney-Vento Homeless Assistance Act (P.L., 107-110), states and localities are required to address barriers to the enrollment of students meeting the definition of "homeless". Your completion of this affidavit may facilitate the enrollment of the child(ren) (or of your own enrollment if you are an unaccompanied youth).

1. What was student(s) **previous** known address and phone number? _____
2. What is your relationship to the student(s)? _____
3. Who are the parents, parents by legal adoption, legal guardians, or persons having legal custody of the student(s) being enrolled? (If you are an unaccompanied youth, please list your parent(s), legal guardian(s), or other adults who help take care of you, such as relatives, caregivers, social workers, etc.) How have you attempted to contact the parent/legal guardian?

4. How long do you anticipate the student will reside with you at this address? _____
5. Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the student(s) being enrolled? If applicable, what Court entered such order and what type of case (e.g., custody hearing, etc.)?

6. Explain in detail the circumstances which prevent you from presenting a copy of documentation for the items checked above for the student(s) that you are enrolling? **Be specific.**

7. To the best of your knowledge, has this student (have these students) ever been reported to any law enforcement agency as a missing child (as missing children)? If yes, identify by name and address the law enforcement agency to which the child was reported missing and the date of the report. _____

Under the penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge that, if called upon to testify, I would be competent to do so.

Commonwealth of Pennsylvania
County of _____

(Signature)

(Date)

Sworn and subscribed to before me,
This _____ day of _____
(Month) (Year)

(Administrator's Signature)

(Date)

(Notary Signature)

1. Is the student unaccompanied? ☐ Yes ☐ No
2. Race: ☐ Caucasian (White)
☐ African American (Black)
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other (please specify) _____
☐ Do not know/refuse to answer
3. Is the student Hispanic or Latino? ☐ Yes ☐ No
4. Does the student have a disabling condition? (Check all that apply)
☐ Psychiatric or emotional condition
☐ Drink alcohol
☐ Use illegal drugs
☐ Have ongoing health problems/mental conditions
☐ Physical disability
☐ Post traumatic stress disorder
☐ Traumatic brain injury
☐ Special education
☐ HIV/AIDS
5. Is this the first time the student is homeless? ☐ Yes ☐ No
6. How long has the student been homeless this time? _____
7. How many times has the student been homeless in the past 3 years? _____
8. Where did the student sleep last night? _____
9. Is the student fleeing a domestic violence situation? ☐ Yes ☐ No
10. Has the student ever been in foster care? ☐ Yes ☐ No
11. Has the student been expelled or in a juvenile detention facility? ☐ Yes ☐ No
12. If student is enrolling in the district for the first time, what school did they previously attend?

13. Did the student lack any documents upon enrollment? (Academic records, medical records, immunizations, guardianship, birth certificate, IEP)

14. Does the student have siblings that are not of school age yet?

15. Which of the following services does the student and/or family need?

- ☐ Housing
- ☐ Food
- ☐ Clothing
- ☐ Eye glasses
- ☐ School supplies
- ☐ Hygiene materials
- ☐ Dental Care
- ☐ Tutoring
- ☐ Child Care/Early Childhood Program/Pre-school
- ☐ Transportation
- ☐ Counseling
- ☐ Medical Care (including prescriptions)
- ☐ Mental Health Care
- ☐ Life skills training
- ☐ Substance abuse treatment
- ☐ Job training

16. List the agencies/shelters that you have referred the student and/or family.

Additional notes: