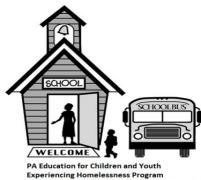
ECYEH Intake Form



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's Last Name	First	М.І.
Temporary Address	Phone Number	Alt Phone Number
Date of Birth	Gender	Grade Level
School District/Building	Parent/Guardian Enrolling Student	Relationship to Student

Student/Contact Information

Precipitating Event

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

Abandonment	Left Home
Act of Nature	Parent/Guardian Hospitalized
Death of Parent/Guardian	Parent/Guardian Incarcerated
Domestic Violence	Parental Job Loss/Loss of Income
Eviction	Other Poverty-related Situation
Fire	Other

Living Arrangement

Place an \mathbf{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)				
I, (Parent/Guardian's Name)	affirm that the information	is true and accurate.		
l, (Parent/Guardian's Name)	have been advised of my rights and child's rights 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	Michelle Connor PA ECYEH Region 8 Coordinator Bucks County Intermediate Unit 705 N. Shady Retreat Road Doylestown, PA 18704 215-348-2940 215-348-5797 <u>https://www.bucksiu.org/educators-</u> administrators/living-between-housing			