

# McKinney-Vento Program

## Intake Form for Wahkiakum School District

STUDENT NAME	STUDENT NO.	GRADE	GENDER	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
CURRENT SCHOOL OR LAST ATTENDED	ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE	DATE OF BIRTH	
CURRENT ADDRESS	PARENT/GUARDIAN	PHONE		

**Please list siblings or other children in the home:**

Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

**Student's living situation:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Shelter                          | <input type="checkbox"/> Doubled Up <sup>1</sup> | <input type="checkbox"/> Temporary Placement <sup>4</sup> |
| <input type="checkbox"/> Unsheltered <sup>2</sup>         | <input type="checkbox"/> Motel/Hotel             | <input type="checkbox"/> Migrant                          |
| <input type="checkbox"/> Unaccompanied Youth <sup>3</sup> | <input type="checkbox"/> Awaiting Foster Care    | <input type="checkbox"/> Transitional Housing             |

- <sup>1</sup> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason  
<sup>2</sup> Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations  
<sup>3</sup> Unaccompanied youth not living with a parent or guardian  
<sup>4</sup> Child temporarily placed with relative or guardian

Is your current residence a temporary living situation?     Yes     No  
 Is your living arrangement due to the loss of housing or economic hardship?     Yes     No

**Please check the following services that are needed or desired:**

- |  |   |
|--|---|
| <input type="checkbox"/> Free breakfast/lunch                        | <input type="checkbox"/> Tutoring               |
| <input type="checkbox"/> Transportation                              | <input type="checkbox"/> After-school programs  |
| <input type="checkbox"/> Clothing/Uniform                            | <input type="checkbox"/> Teen Center            |
| <input type="checkbox"/> School supplies                             | <input type="checkbox"/> Mentoring              |
| <input type="checkbox"/> Counseling                                  | <input type="checkbox"/> Special Education      |
| <input type="checkbox"/> Medical/dental referral – medical coupons   | <input type="checkbox"/> Gifted/talented        |
| <input type="checkbox"/> Vision referral                             | <input type="checkbox"/> Vocational/technical   |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps        | <input type="checkbox"/> Community resource     |
| <input type="checkbox"/> Preschool Enrollment records                | <input type="checkbox"/> LEP/Bilingual program  |
| <input type="checkbox"/> Missing enrollment records                  |   |
| <input type="checkbox"/> Birth certificate                           | <input type="checkbox"/> Prior academic records |
| <input type="checkbox"/> Immunization/medical records                | <input type="checkbox"/> Guardianship issues    |
| <input type="checkbox"/> Trust/financial assistance needed for _____ | Cost \$ _____                                   |

**Comments/Changes:**

**Parent/Guardian/Unaccompanied Youth Signature:**

\_\_\_\_\_  
 Name Date

**Building/District Liaison Signature:**

\_\_\_\_\_  
 Name Date

**Return completed form to:** Bob Garrett, Superintendent, District Homeless Liaison    Phone: 360-795-3971  
 District Office is located within Wahkiakum High School at 500 S. Third Street/B398, Cathlamet, WA 98612