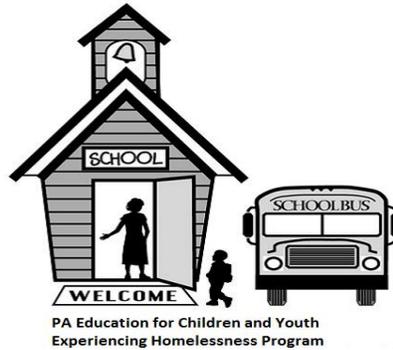


ECYEH Intake Form



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	M.I.
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	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>
Hotel/Motel	<input type="checkbox"/>
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	<input type="checkbox"/>
Doubled-up (living with another family)	<input type="checkbox"/>

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

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

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

(Signature of Parent/Guardian)

(Student's Name)

(Date)

(District Personnel Receiving Form)

(Title)

(Date)

District Contact:
Danielle Garancosky
Elementary School Counselor
Bloomsburg Area School District
500 Market Street
Bloomsburg, PA 17815
570-784-7885
570-784-4341 (fax)

Regional Contact:
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>

*** The original form should be maintained at the building level. Copies should be scanned and e-mailed to: Suzanne Adamchick, Melissa Everhart, Danielle Garancosky, Gloria Wolfe, and the building principal and counselor. ***