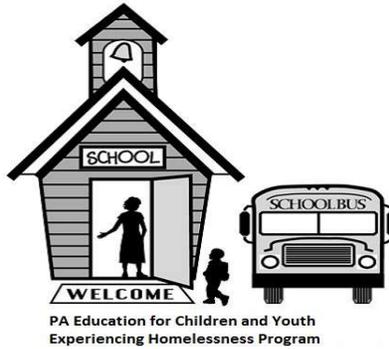


Date rec'd: _____
 Initials: _____

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 Liaison Information
 Kimberly Honabach, Principal
 Homeless Liaison
 Bloomsburg Area School District
 Bloomsburg Memorial Elementary School
 khonabach@bloomsd.k12.pa.us
 (570) 784-7885

Send completed form to:
 Kelly Pegg, Prevention Specialist
 Secondary Complex
kpegg@bloomsd.k1212.pa.us
 570-784-6100

Regional Coordinator
 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>