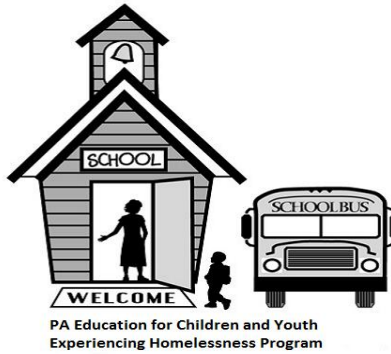


# ECYEH Intake Form



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	
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)

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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**  
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