

**NY MILLS ISD #552**  
**MCKINNEY-VENTO INTAKE FORM**

**STUDENT INFORMATION**

<b>Student Name</b>		<b>ID#</b>	
<b>Date of Birth</b>	<b>Age</b>	<b>Grade</b>	<b>Sex</b>
<b>Parent/Guardian Name</b>			
<b>Address</b>			
<b>Current School:</b>			
<b>Last School Attended:</b>			
<b>Siblings of student:</b>			
<b>Name:</b>		<b>School:</b>	
<b>Name:</b>		<b>School:</b>	
<b>Name:</b>		<b>School:</b>	
<b>Name:</b>		<b>School:</b>	

Please answer the following questions:

1. Is this student's home address a temporary living arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is this a temporary living arrangement due to loss of economic hardship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is this student in temporary or emergency foster care placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. As a student, are you living with someone other than your parent or legal guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered YES to any of the above questions, please complete the remainder of this form.**  
**If you answered NO to all of the above questions, you may stop here.**

1. Where is this student currently living? (check box)

- ☐ In a motel/hotel. Name of motel/hotel \_\_\_\_\_
- ☐ In a shelter. Name of shelter: \_\_\_\_\_
- ☐ Transitional housing. Name of transitional housing: \_\_\_\_\_
- ☐ Group home. Name of Group Home: \_\_\_\_\_
- ☐ Temporary/emergency foster home
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? \_\_\_\_\_

3. How long do you plan to live at this residence? \_\_\_\_\_

4. With whom does the student currently live with: (check box)

- ☐ Both parents
- ☐ One parent. Which parent: \_\_\_\_\_
- ☐ One parent and another adult. Which parent: \_\_\_\_\_
- ☐ A relative -specifiy which (e.g. grandmother): \_\_\_\_\_
- ☐ Friends or other adults. Please specify: \_\_\_\_\_
- ☐ An adult who is not a parent or legal guardian. Please identify: \_\_\_\_\_

5. Describe the current living situation in detail:

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6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

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7. In your child's previous school, did he/she receive any of the following: (check all that apply)

- ☐ Special Education/Exctional Children's Services-Describe: \_\_\_\_\_
- ☐ 504 Accomodation Plan. Describe: \_\_\_\_\_
- ☐ English as a Second Langarge services
- ☐ Help for Behavior Improvement
- ☐ Tutoring Services
- ☐ Academically or Intellectually Gifted services
- ☐ Counseling services

8. At this time, what is the greatest need for your child? (check all that apply)

- ☐ School supplies
- ☐ School uniform or clothing
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Other, please describe: \_\_\_\_\_

My signature below affirms the following: (1) The information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and A Child's Place; and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento Law and I agree to allow CMS staff to conduct screenings as part of the district's McKinney-Vento program.

Parent/Guardian Signature:  
(or unaccompanied youth)

Date:

MCV School Liaison Signature:

Date: