

**Wayne RESA/Wayne Metro CAA
Wayne County Consortium
McKinney-Vento Homeless Assistance Act
Student Identification Form**

*Instructions: Fill out both pages of this form for each student identified as homeless. Send to Wayne Metro Attn: **Julie Ratekin**. Fax # 734-955-6754 email: jratekin@waynemetrol.org Address: 26650 Eureka Rd. Taylor MI 48180*

School: _____ District: _____
Date student identified and/or enrolled: _____
Student Name: _____ Last 4 of SS#: _____
DOB: _____ Gender: _____ Race/Ethnicity: _____ Grade: _____

Contact information:

Parent or Guardian Name: _____
Temporary Address: _____
Phone: _____ Alternate Phone: _____ Is Parent at Veteran: _____

Current Living Situation:

- Temporarily sharing a house with another person due to loss of housing, economic hardship, or similar reason
- In a motel, hotel, or campground due to a lack of alternative accommodations
- In an emergency or transitional shelter or hospital
- Awaiting Foster Care placement
- In a living arrangement not described above that is not fixed, regular, and adequate
- Unaccompanied Youth and/or Runaway
- None of the Above

Brief description of circumstances leading to this living situation:

How long has child lived in this situation: _____

Expected length of stay in this situation: _____

Is contact from Wayne Metro CAA requested?

YES

NO

Determine the following Needs and Services: *Only fill this section out if requesting services.*

Enrollment: – Currently needing follow-up for the following documents:

- Proof of Residency
- Proof of Birth Certificate or Passport
- Immunizations

Transportation:

- No Transportation required
- Additional/Extended Bus Route
- Reimbursing Family
- District Bus Procedures adequate
- Special Education Bus/Van
- Other (specify): _____

Meals:

- Free/Reduced lunch
- Free/Reduced breakfast
- Free/Reduced meals not needed at this time

Other needs:

- School Clothing
- Backpack
- Free/Reduced meals not needed at this time
- Other _____
- School Supplies
- School Activity Fees

Previous district programs this student was enrolled in and/or in need of:

- Special Education
- Section 504
- Gifted/Talented
- Academic Support
- English Language Learner
- Behavior Support
- Vocational Education
- Student attending Alternative School

I declare that I am the parent/legal guardian of the above named student that is seeking enrollment. Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called to testify, I would be competent to do so.

I am aware that information will be exchanged between this school district and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act.

I have received information regarding rights and protections under the McKinney Vento Homeless Assistance Act.

Person completing form (PRINT) (**LIAISON!**)

date

Parent Signature (if available)

date