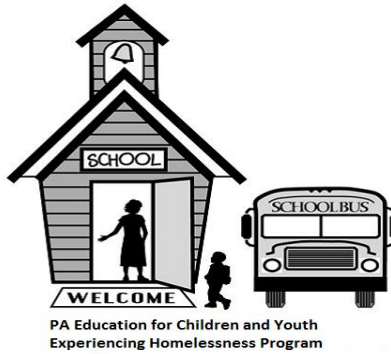


# ECYEH Intake Form



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*

<b>Shelter</b>	
<b>Transitional Housing</b>	
<b>Hotel/Motel</b>	
<b>Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)</b>	
<b>Doubled-up (living with another family)</b>	

**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)**

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