

Education for Children & Youth Experiencing Homelessness



ECYEH INTAKE FORM RIVERSIDE SCHOOL DISTRICT

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 will be eligible to receive.

Please fill out the information on this form and send to the School District Liaison.

Student's Last Name _____

Student's First Name _____

Student's Middle Name _____

Date of Birth _____

Gender Male Female

Age _____

Grade Level K 1 2 3 4 5 6 7 8 9 10 11 12

School Building RHS EAST WEST

Is the student living in the physical custody of at least one parent or legal guardian? Yes No

Date of Identification _____

Parent/Guardian Enrolling Student _____

Relationship to Student _____

Precipitating Event

Place an "X" indicating the appropriate precipitating event resulting in loss of housing

	Abandonment		Left Home
	Act of Nature/Natural Disaster		Military
	Death of Parent/Guardian		Parental Job loss/Loss of Income
	Domestic Violence		Hospitalization of Parent/Guardian
	Eviction		Incarceration of Parent/Guardian
	Fire		Parent Divorced/Separation
	Separated From Family		Other Poverty Related Situation
	Other		Unknown

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Current Nighttime Address _____

Current Nighttime Residence Status

Place an "X" indicating the appropriate residence status

	Shelter (If checked, Please fill answer below)
	Transitional Housing (If checked, Please fill answer below)
	Hotel/Motel (If checked, Please fill answer below)
	Unsheltered (Campground, car, abandoned building, park, temporary trailer, street
	Doubled-up (living with another family)

Name and address of Shelter, Transitional Housing, Hotel/Motel

I, _____ *affirm that the information is true and accurate.*
(Parent/Guardian Name)

I, _____ *have been advised of my rights and child's rights*
under the McKinney-Vento Federal Homeless
Assistance Act.
(Parent/Guardian Name)

(Signature of Parent/Guardian)

(Student's Name)

(Date)

Scott Pentasuglio
(District Personnel Receiving Form)

Homeless Liaison
(Title)

(Date)