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 ${\bf X}$ indicating the appropriate precipitating event resulting in loss of housing.

Abandonment	Left Home	
Act of Nature	Parent/Guardian Hospitalized	
Death of Parent/Guardian	Parent/Guardian Incarcerated	
Domestic Violence	Parental Job Loss/Loss of Income	
Eviction	Other Poverty-related Situation	
Fire	Other	

Living Arrangement

Place an **X** in the box indicating the appropriate living arrangements.

Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street) Doubled-up (living with another family)					
affirm that the information	is true and accurate.				
have been advised of my rights and child's rights under the McKinney-Vento Federal Homeless Assistance Act.					
(Student's Name)	(Date)				
(Title)	(Date)				
Regional Contact: Jeff Zimmerman PA ECYEH Region 7 Coordinator Luzerne Intermediate Unit 18 368 Tioga Avenue Kingston, PA 18704 570-718-4613 570-287-5721 (fax) http://www.liu18.org/index.php/ecyeh					
	Thotel/Motel (if applicable) affirm that the informationhave been advised of my right under the McKinney-Vent Assistance Act. (Student's Name) Regional Contact: Jeff Zimmerman PA ECYEH Region 7 (Luzerne Intermediat 368 Tioga Avenue Kingston, PA 18704 570-718-4613 570-287-5721 (fax)				

^{***} The original form should be maintained at the building level. Copies should be scanned and e-mailed to: Suzanne Adamchick, Melissa Everhart, Danielle Garancosky, Gloria Wolfe, and the building principal and counselor. ***