



McKINNEY-VENTO HOMELESS ASSISTANCE ACT INTAKE AND REFERRAL

205 N Alder Avenue, Granite Falls, WA 98252 360-691-7717 Fax 360-925-6477

Send completed form to McKinney-Vento Liaison (Sara Woolverton, Director of Special Programs)

Date: Student Name: Date of Birth: Unaccompanied youth? Age: Grade: Name of School: Information obtained by:

Parent/Guardian Name: (Leave blank if student is unaccompanied)

Nighttime address: Street City Zip

Contact phone: Email:

Where does the student stay at night? (Please check one box.)

- Double Up, Motel/hotel, Emergency shelter, Awaiting foster care, Non-usual locations (cars, parks, etc.)

Are there other children/siblings in the family who are also homeless? (names, ages, grade/school)

Are there programs the student(s) has been participating in or is in need of? (i.e., gifted, bilingual, special education)

What school did the student(s) attend when permanently housed?

Is there any other information we need to know?

Does the student need assistance with any of the following?

- Assistance acquiring previous school records, School Supplies, School Fees, ECEAP for preschoolers, Medical/Dental, Housing, Other

BELOW FOR USE BY McKINNEY-VENTO HOMELESS LIAISON ONLY

Signature of School District Liaison/McKinney-Vento Coordinator: Skyward, Unaccompanied Youth, Meals, Notify Admin/Counselor

Transportation: E-Mail Transportation Department, ORCA Card, In Lieu Of Agreement & Expense Statement, Cooperating District

Correspondence: Welcome Letter, National School Meal Program Eligibility Letter, Parent In Lieu Of Agreement and Letter, Re-Verification Letter for new school year, Denial Letter and Appeals Disclosure