



Educational Support Services
McKinney-Vento Education Assistance Act
 Phone: (209) 331-8908
 Fax: (209) 331-7981

2017/18 Student Intake/Declaration Form

To be completed by Parent/Guardian/Student (Unaccompanied Youth)

I declare that I or my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (Doubled-up)
- Live in a motel / hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter

Shelter Name: _____ **Address:** _____

- Live in a car, trailer, park, or campground
- Unaccompanied Youth
- Other _____

Please list the name of each child that is homeless and the school site they attend

Student: First Name/Last Name	DOB	School	Grade	ID #

Did your child (children) receive any special assistance at his/her last school?

- | | | |
|---|---|---|
| <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Counseling | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Speech | <input type="checkbox"/> RSP | <input type="checkbox"/> 504 Accommodations |
| <input type="checkbox"/> Student Success Team Meeting | <input type="checkbox"/> Bilingual Services | <input type="checkbox"/> Other: _____ |

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Name of Parent/Guardian: _____

Address/Current Location: _____

Phone: _____ **Emergency Contact:** _____

➔ **Parent/Guardian Signature:** _____

➔ **Student Signature (if Unaccompanied Youth):** _____

Date: _____



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To be completed by School Staff/CWA

School: _____

School/CWA Contact: _____

Phone: _____

School/CWA:

- Family has been given Information For Parents Flyer (blue), Resource List (green), and Medical/Dental Resources (yellow). By law, these handouts must be given to any student/parent that completes a Homeless Intake Form.
- Student admitted without providing verification of address information.
- Fill in student ID # on page 1 of Intake Form.

Transportation Needs:

- LUSD transportation requested. Ed Support Services team initiates request with transportation department.
- Bus Pass requested. Email request to Sharon Bedwell sbedwell@lodiUSD.net
- No transportation needed at this time

Academic Needs:

- Backpack/basic school supplies (list names of students needing supplies)

- Other academic needs or information that may be helpful:

School/CWA Staff: Please fax or e-mail both sides of this Intake/Declaration Form to:
Matthew Ray mray@lodiUSD.net and Sharon Bedwell sbedwell@lodiUSD.net @ Educational
Support Services. Put original in District Mail to ESS Attn: Sharon Bedwell.
Phone: 209-331-8908 **Fax:** 209-331-7981

To be completed by ESS Staff:

Student is considered homeless in LUSD: YES NO

Date Student Entered into Aeries as Homeless: _____

Homeless Code: _____

Food Service Notified: _____