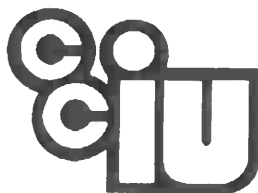




Pennsylvania's Education for Children and Youth
Experiencing Homelessness Program



Please complete and send to your child's
Counselor or Dr. Hamburg, district ECEH
liaison, c/o Jordan Bank.

Chester County Homeless Student Intake Form

DATE _____ Name of Person Completing Form: _____ Phone Number: _____

Parent/Guardian responsible for enrolling student: _____ Relationship to student: _____

Address: _____ Contact Number: _____

School District Currently Residing: _____ School District of Origin: _____

Student Name DOB Gender Grade School Building PA Student ID#

**** If more space is needed please attach additional sheets. ****

IF 12th GRADE, POST SECONDARY PLANS(select one): ☐2-yr college/university ☐4-yr college/university ☐Armed forces ☐Business/Trade school ☐Employment
☐Obtain GED (drop-out only) ☐Other Training/Education program ☐Other ☐Unknown ☐Undecided

Method of Identification(select one): ☐Self/Parent Identified ☐Shelter visit ☐Staff referral ☐Survey ☐Other Referral
☐Other _____

Precipitating Event (select one): ☐Abandonment ☐Act of Nature/Natural Disaster ☐Death of Parent/Guardian ☐Domestic Violence ☐Eviction
☐Fire ☐Hospitalization of Parent/Guardian ☐Incarceration of Parent/Guardian ☐Left Home/Runaway ☐Military ☐Parent Divorce/Separation
☐Parental Job loss/ Loss of Income ☐Separated from Family ☐Other Poverty-related Situation ☐Other _____ ☐Unknown

Date of School Enrollment following event: _____ OR ☐Already enrolled

Homeless Status: ☐Unaccompanied Youth OR ☐Living with Family ☐Separated from Family (with a guardian)

Student Status(select one): ☐Alternative Placement ☐Awaiting School Enrollment ☐Current Enrollment ☐Dropped Out (during current program year)
☐Graduated ☐Left the region (status unknown) ☐No Longer Homeless ☐Withdrew from School (during current program year) ☐Other _____

Current Nighttime Residence Status(select one): ☐Doubled-up (e.g., living with another family) ☐Hotels/Motels
☐Shelters, Transitional Housing, Awaiting Foster Care ☐Unsheltered (e.g., cars, parks, campgrounds, temp trailer, or abandoned buildings)

SHELTER/PROGRAM/HOTEL/MOTEL NAME: _____ DATE OF ENTRY: _____

School Services: ☐Transportation ☐School Supplies (issued by school) ☐Clothing to meet school requirement ☐Tutoring or other instructional support
(includes Title I, ESL, Migrant, Spec Ed) ☐Expedited evals (includes Spec Ed, Gifted, NSLP, ESL, Title I, Migrant) ☐Referrals for medical, dental, and other
health services ☐Assistance in participation in school programs ☐Before, after-school, mentoring, summer programs ☐Obtaining or transferring records
necessary for enrollment ☐Coordination between schools and agencies ☐Counseling (includes violence prevention, SAP) ☐Addressing needs related to
Domestic Violence ☐Referral to other programs and services ☐Emergency assistance related to school attendance

I, _____ affirm that the residency information provided herein is true and accurate Also, that I have been advised
(Parent's/Guardian Name) of my rights and my child's rights under the McKinney-Vento Federal Homeless Assistance Act.

(Signature of Parent/Guardian)

(Students Name)

(Date)

☐ **Book Bag with school supplies needed**

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC).
Violation of this could lead to disciplinary action, including dis-enrollment.