



South Colonie

CENTRAL SCHOOL DISTRICT

102 Loralee Drive
Albany, New York 12205
Phone (518) 869-3576 ext 2454
Fax: (518) 869-0538

McKinney-Vento Program Intake Form

Student Name:	Student ID:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current School or Last Attended:	Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Age:	Date of Birth:	<input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander
Current Address:	Parent/Guardian:	Phone:		

Please list siblings or other children in the home:

Name	Student ID	Grade	Age	School (if not enrolled, please indicate)

Student's living situation

- | | | |
|---|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Doubled Up ¹ | <input type="checkbox"/> Temporary Placement ⁴ |
| <input type="checkbox"/> Unsheltered ² | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Unaccompanied Youth ³ | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Transitional Housing |

- 1 Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- 2 Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
- 3 Unaccompanied youth not living with a parent or guardian
- 4 Child temporarily placed with a relative or friend

Is your current residence a temporary living situation? Yes No

Is your living arrangement due to loss of housing or economic hardship? Yes No

Please check the following services that are needed or desired:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Free breakfast/lunch | <input type="checkbox"/> Medical/dental referral – medical coupons | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Gifted/talented |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Vision referral | <input type="checkbox"/> After-school programs | <input type="checkbox"/> Vocational/technical |
| <input type="checkbox"/> Clothing/Uniform | <input type="checkbox"/> Medicaid/DSHS services – food stamps | <input type="checkbox"/> Teen Center | <input type="checkbox"/> Community resource |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Preschool enrollment records | <input type="checkbox"/> Mentoring | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Missing enrollment records | <input type="checkbox"/> Special Education | |
| <input type="checkbox"/> Weekend backpack of food | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Prior academic records | |
| | <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Guardianship issues | |

Trust/financial assistance needed for _____ Cost \$ _____

Comments/Changes:

Parent/Guardian/Unaccompanied Youth Signature:

Name

Date

Building/District Liaison Signature:

Name

Date

Send copy to District McKinney-Vento Office at the District Office - 102 Loralee Drive, Albany, New York 12205