



# South Colonie

CENTRAL SCHOOL DISTRICT

102 Loralee Drive  
Albany, New York 12205  
Phone (518) 869-3576 ext 2454  
Fax: 1(833) 961-1185

## McKinney-Vento Program Intake Form

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

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

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