

2017/2018 School Year McKinney-Vento Form, Student Service Request

**Note: This form should be completed by shelter staff, youth serving professionals or school staff.
PARENTS SHOULD NOT COMPLETE THIS FORM.**

Instructions: Complete Part 1 when initiating a request for service. Fax to (717)294-2207. Please resend the same form with Part 2 completed as an update, when the family leaves the shelter, changes addresses or changes homeless status.
The form can also be e-mailed to MaryAnn Johnson, e-mail address is majohnson@sfsd.k12.pa.us

PART 1

Your name: _____ Phone: _____ Date: _____

If from a school, identify school: _____ Phone: _____

If from a shelter, identify shelter name and address: _____ If CYF: Yes

If not in a shelter, student is: Doubling-up In hotel/motel In temporary foster care Other

Night time address: _____

Name of Student: _____ Gender: _____ Ethnicity: _____

Grade: _____ DOB: _____

Name of Parent/Guardian: _____ Phone: _____

Check one: City Resident Other:

Service Requested (check one): Transportation Homeless code only (walker) Other

Is student receiving special education services? Yes No

If yes, is transportation provided? Yes No

School of Origin: _____ School District of Origin: _____

Neighborhood School: _____ School Selection: _____

CAUSAL EVENT

Act of Nature	Gas Leak	Parent/Caretaker Incarceration
Awaiting Foster Care	Job Loss	Property Damage
Child Abandonment	Landlord Issues	Separated From Family
CYF Involvement	Military	Temporary Living Situation
Domestic Violence	Other	Unaccompanied Youth
Eviction	Parent Abuse/Neglect	Unknown
Financial Hardship/Poverty	Parent/Caretaker Death	Urgent Move: Safety
Fire	Parent/Caretaker Hospitalization	

Describe Circumstances:

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Please complete Part 2 below when a student leaves shelter or their status changes, and refax it to (717)294-2207 or e-mail MaryAnn Johnson, phone 717-294-2203, Southern Fulton School District Homeless Liaison majohnson@sfsd.k12.pa.us

FOR Southern Fulton School District HOMELESS LIAISON COMPLETION AT INITIAL REQUEST:

Student's Name: _____

Transportation requested: Yes No Share cost arrangement: Yes with: _____ No

Actions: Code 1X Move to: _____

Bus to: _____

Update address in RTI

Southern Fulton School District Homeless Liaison's Signature: _____ Date Approved: _____

PART 2

Note: Referral source completes this section when a student leaves shelter or status changes.

Date left shelter: _____

Date status changed if not from a shelter: _____ Left Southern Fulton School District? Yes No

If known, student moved to (address): _____

Phone: _____ Anticipated School: _____

Involvement with SAP? Yes No

Remove homeless code: Yes No Cancel Bus: Yes No

Busing From: _____

Updated information: _____

FOR HOMELESS LIAISON UPDATED ACTION:

Cancel transportation per original request:
Update address in RTI to:
Bus from updated address to:
Remove homeless code
Remove from Southern Fulton School District rolls

Homeless Liaison's Signature: _____

Date status updated: _____