## **Puyallup School District McKinney-Vento Intake Form**

Please complete online and email to McKinney-Vento/FosterCare@puyallup.k12.wa.us

Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. Please complete this form with the school counselor.

<ul> <li>Where are you and your family curred</li> <li>Temporarily with another family becaused</li> <li>With an adult that is not a parent or legal</li> <li>In a hotel/motel</li> <li>In a vehicle of any kind, RV park or came without running water/electricity</li> <li>In an emergency/transitional shelter</li> <li>Displaced due to natural disaster</li> <li>Other</li> </ul>	For Office Use Only—  Doubled-Up Hotel/Motel Sheltered Unsheltered Unaccompanied Youth Unknown					
2. Who do the children/youth live wit	h?					
□ parent(s) / legal guardian □ alone with no adult	relative(s), friend(s) or other adult(s) an adult who is not the parent or legal guardian					
3. Name of school counselor(s):						
4. Names of children/youth (including pre-school children).						
Student Name First Last	M/F	D.O.B.	Grade	I.D. #	School	
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5. The undersigned certifies that the information provided above is accurate.  Name of Parent/Guardian/Adult Caring for Student  Current Address  Street Address  City  State  Zip						
How long will you remain at this address?	,					
Mail is received at (if different than above	):					
Phone/Contact #/email:						
Emergency Contact Name and Phone:						
6. Assistance Needed:  ☐ Transportation to and from schresidents.) There is no out-of transportation on 2 hr late arriv		For Office Use Only  Approved Date				
<ul> <li>■ Meals - lunch</li> <li>■ Breakfast (if no breakfast program)</li> <li>■ School Supplies</li> <li>■ School Clothing</li> </ul>					ate:	
Tuberng - Expenditure Propose  Medical/Dental Assistance Other:	al Form	If Sp	If SpEd sent to PSS		Student Services completed	

For Transportation Use Only						
Student Name:						
Address:						
School:	Grade:					
Parent/guardian name:		Phone #:				
Pick-up:						
Drop off:						
Pick-up if other location/daycare:						
Drop off if other location/daycare	:					
Special Education accommodations:						
Address changes:						