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| MDE BW LogoMichigan Department of Education  **LOCAL USE FORM**  **McKinney-Vento (MV) STUDENT INTAKE**  REV 9/2013 | | | **INSTRUCTIONS: Complete a separate form for each identified MV student. MV Liaison should retain at school/district level. This is a local use intake form for use in compiling aggregate MV student data.**  \* ***Report MV student status to MDE in the MSDS.*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** This form is for local use only and not to be returned to the Michigan Department of Education. Maintain LEA copy for On Site Review. | | | | | | | | | | | | | | | | | | | **School Year** | | | | | | | |
|  | | | **GENERAL INFORMATION** | | | | | | | | | | |  | | | | | | | | | | | | |
| **School & District** | | | **ISD** | | | | | | | | | | | | | | | | | | | | **LEA Code** | | | |
|  | | | **McKINNEY-VENTO (MV) ELIGIBLE STUDENTS** | | | | | | | | | | |  | | | | | | | | | | | | |
| **Date of Intake** | | | *ENTER GRADE* | **Gender** | | | | **Check if** | | | | | | **Race/Ethnicity** *Check One* | | | | | | | | | | | | |
| □ IF PARENT, GUARDIAN OR UNACCOMPANIED YOUTH IS ACTIVE MILITARY OR A VETERAN, PLEASE CHECK THIS BOX AND REFER IMMEDIATELY TO LOCAL HOUSING AGENCY FOR PRIORITIZED HOUSING ASSISTANCE.  **Student Name** | | | **Grade**  *Pre-*K thru 12 | Female | | Male | | Disabled | Migrant | English Language  Learner | | Rec’d Title I  Part A Services | | Asian or  Pacific Islander | Black, Not  Of Hispanic  Origin | | Hispanic | | | Amer.  Indian or  Alaskan  Native | | | | White,  Not of  Hispanic Multiple  Origin Races | | |
|  | | |  | □ | | □ | | □ | □ | □ | | □ | | □ | □ | | □ | | | □ | | | | □ □ | | |
|  | | | **MV ELIGIBILITY STATUS** | | | | | | | | | | |  | | | | | | | | | | | | |
| **Housing Status** *Check the appropriate status for the identified student in your school.*   * Living with Family * Separated from Family * Awaiting Foster Care OR 1st six months of NEW Foster Care * Runaway youth (AGE: ) * Unaccompanied youth (AGE: ) * Youth Denied Housing by Legal Parent/Guardian   (Kicked out of home or abandoned, possibly due to pregnancy, LGBT issues, family conflicts, parental mental health, or alcohol and other drug abuse)   * Released from penal institution * Abandoned * Other *Specify:* | | | **Living Arrangements**   * **10-** In a shelter * **11**- Transitional housing/shelter program * **12**- Awaiting Foster Care Placement OR Temporary Foster Care   Placement   * **13**- Doubled-up * **14**- In a hotel/motel * **15**- Unsheltered   (On the street, in a car, park, campground, abandoned  building)   * Unknown * Other *Specify:* | | | | | | | | | | | **Student Mobility**  **Did this student**   * Stay in school of origin within district? * Attend school of origin across LEA boundaries? * Attend school of residence? | | | | | | | | | | | | |
| **District Programs this Student is Enrolled In**  *Check all that apply. Report for Pre-K through 12 Only* | | | | | | | | | | | | |
| Special  Education | | English Lang. Learner (ELL) | | Gifted/  Talented | | | | Vocational  Education | | | Student Attending Alternative School | |
| □ | | □ | | □ | | | | □ | | | □ Yes □ No | |
| Name and Address of School in Which Student is Currently Enrolled | | | | | | | | # of Other Schools Student Previously Attended | | | | |
|
|  | | | **MV STUDENT TRANSPORTATION INFORMATION** | | | | | | | | | | |  | | | | | | | | | | | | |
| Was transportation to the school of origin provided to this student?  □ Yes □ No  **If yes**, Was School of Origin: □ Within District □ Outside District  **If no**, please explain:  ***School of Origin*** is the school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled.  ***School of Residence*** is a school within the local attendance area where the child or youth is temporarily residing. This may be a PSA, charter school, or other LEA. | | | | | | | **Transportation Mode**   * Additional/Extended Bus Route * Contracted Transport. Services * Privately-Owned Non-Family Vehicle | | | | | | | * Public Transportation * Special Ed. Bus/Van | | | | | | | □ Taxi  □ City/County Service | | | | | |
| □ Reimburse mileage □ Prepaid Gas Card | | | | | | | | | | | | |
| □ Other *Specify:* | | | | | | | | | | | | | | | | | | | |
|  | | **BARRIERS FOR MV STUDENT** | | | | | | | | | | |  | | | | | | | | | | | | |
| **Indicate specific barriers this homeless student experienced at point of identification.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eligibility Questioned | School of Origin Selection | | | | Transportation | | | | | | Immunization/Medical Records | | | | | | Other *Specify* | | | | | | | | |
|  |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| Indicate any **other barriers** you encountered when attempting to provide services to this MV student. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate if there were any **unmet needs** of this MV student in your school. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL NOTES:** | | | | | | | | | | | **Place a check ALL services the enrolled student will be receiving:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | 🞎 Transportation 🞎 Free breakfast/lunch program  🞎 School Supplies 🞎 Special Education Services/IEP  🞎 Gifted/Talented 🞎 Vocational/Technical Education  🞎 LEP/Bilingual 🞎 Clothing/Shoes  🞎 Tutoring (Title I) 🞎 Vision/glasses referral  🞎 Tutoring (Shelter) 🞎 Before- or After-school programs  🞎 Tutoring (Other location)  🞎 Mentoring  🞎 Preschool/Head Start/Great Start/GSRP Enrollment  🞎 Counseling 🞎 Medical/Dental referral  🞎 Medicaid/DHS services 🞎 Housing/CoC Referral   * Missing Enrollment Records:   - Birth certificate  - Immunizations/medical records  - Prior academic records  - Guardianship  🞎 Other *Specify:* | | | | | | | | | | | | | | |