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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 LanguageLearner | Rec’d Title IPart A Services | Asian orPacific Islander | Black, NotOf HispanicOrigin | Hispanic | Amer.Indian orAlaskanNative | White, Not of Hispanic MultipleOrigin 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* |
| SpecialEducation | English Lang. Learner (ELL) | Gifted/Talented | VocationalEducation | 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:* |