



# ECYEH Intake Form

This form should be completed cooperatively between the parents and school representative to assess whether a family meets homeless status criteria.  
A copy of this form should be sent immediately to Gwen Belding in the BMSD District Office.



## Contact Information

Parent/Guardian Responsible for Enrolling Student: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Contact Information \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

School District \_\_\_\_\_ School Building \_\_\_\_\_

## Student Information – *please include the school building attending after the student name*

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ PA Student ID Number \_\_\_\_\_

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Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ PA Student ID Number \_\_\_\_\_

## School District/Agency Personnel Contact Information

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Residency Status – Put an **X** in the box indicating the appropriate residence status

Living with family       Separated from family       Foster care pending

Unaccompanied youth       Runaway

Other (specify) \_\_\_\_\_

**Living Arrangements** – Put an **X** in the box indicating the appropriate living arrangements; also provide the name and date entered

- Emergency Shelter      Shelter Name \_\_\_\_\_ Date Entered \_\_\_\_\_
- Transition Housing      Program Name \_\_\_\_\_ Date Entered \_\_\_\_\_
- Hotel/Motel      Hotel/Motel Name \_\_\_\_\_ Date Entered \_\_\_\_\_
- Unsheltered (campgrounds, street, car, abandoned building, park)
- Doubled Up (living with another family)
- Other (specify) \_\_\_\_\_
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**Precipitating Event** – Put an **X** in the box indicating the appropriate precipitating event resulting in loss of housing

- Abandonment       Act of Nature       Death of Parent/Guardian
- Fire       Eviction       Domestic Violence
- Parent/Guardian Hospitalized       Incarceration of Parent/Guardian
- Parental Job Loss/Loss of Income
- Other Poverty-related Situation
- Other (specify) \_\_\_\_\_
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I, \_\_\_\_\_ affirm that the residency information provided herein is true and accurate.  
(Parent/Guardian's Name)

I, \_\_\_\_\_ have been advised of my rights and my child's rights under the McKinney-Vento  
(Parent/Guardian's Name) Federal Homeless Assistance Act.

\_\_\_\_\_  
(Signature of Parent/Guardian)      \_\_\_\_\_  
(Students Name)      \_\_\_\_\_  
(Date)

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.