

**McKinney-Vento (MV) STUDENT INTAKE/Notification Form**  
For District Use

**School Year**  
**2022-2023**

			GENERAL INFORMATION												
<b>District Attending:</b>			<b>ISD Oakland Schools</b>									<b>LEA Code</b>			
<b>School Attending:</b>															
<b>District Temporarily Residing:</b>															
			McKINNEY-VENTO (MV) ELIGIBLE STUDENTS												
<b>Date of Intake:</b>			<i>ENTER GRADE</i>          <b>Grade Pre-K thru 12</b>	<b>Gender</b>		<b>Check if</b>				<b>Race/Ethnicity</b> <i>Check One</i>					
<b>Student Name:</b>				Female	Male	Refugee	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 Origin	Multiple Races
<b>Date of Birth:</b>															
<b>Current Address:</b>															
<b>Parent/guardian's name:</b>															
<b>Parent/guardian email:</b>															
<b>Contact Numbers:</b>															
<b>UIC #</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			MV ELIGIBILITY STATUS												
<b>Housing Status</b> <i>Check the appropriate status for the identified homeless student in your school.</i>  <input type="checkbox"/> Living with Family <input type="checkbox"/> Separated from Family <input type="checkbox"/> Awaiting Foster Care OR 1 <sup>st</sup> six months of NEW Foster Care <input type="checkbox"/> Runaway Youth (AGE: ____) <input type="checkbox"/> Unaccompanied Youth (AGE: ____) <input type="checkbox"/> Youth Denied Housing by Family (Kicked out of home or abandoned, possibly due to pregnancy, LGBT issues, family conflicts, parental mental health, or alcohol and other drug abuse)  Other <i>Specify:</i> _____			<b>Living Arrangements</b>  <input type="checkbox"/> In a shelter <input type="checkbox"/> Transitional housing/shelter program <input type="checkbox"/> Doubled-up <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> Unsheltered (On the street, in a car, park, campground, abandoned building) <input type="checkbox"/> Foster Home <input type="checkbox"/> Unknown <input type="checkbox"/> Other <i>Specify:</i> _____							<b>Student Mobility</b>  <b>Did this student</b> <input type="checkbox"/> Stay in school of origin within district? <input type="checkbox"/> Attend school of origin across LEA boundaries? <input type="checkbox"/> Attend school of residence?					
										<b>District Programs this Student is Enrolled In</b> <i>Check all that apply. Report for Pre-K through 12 Only</i>					
			<div style="display: flex; justify-content: space-around;"> <span>Special Education</span> <span>English Lang. Learner (ELL)</span> <span>Gifted/Talented</span> <span>Vocational Education</span> <span>Student Attending Alternative School</span> </div>						<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No         </div>						

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL		# of Other Schools Student Previously Attended
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	MV STUDENT TRANSPORTATION INFORMATION	
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<p>Was transportation to the school of origin provided to this student?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If yes</b>, Was School of Origin:   <input type="checkbox"/> Within District   <input type="checkbox"/> Outside District</p> <p><b>If no</b>, please explain:</p> <p><b>School of Origin</b> is the school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled.</p> <p><b>School of Residence</b> 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.</p>	<p><b>Transportation Mode</b></p> <p><input type="checkbox"/> Additional/Extended Bus Route   <input type="checkbox"/> Public Transportation   <input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Contracted Transport. Services   <input type="checkbox"/> Special Ed. Bus/Van   <input type="checkbox"/> City/County Service</p> <p><input type="checkbox"/> Privately-Owned Non-Family Vehicle   <input type="checkbox"/> Reimburse mileage   <input type="checkbox"/> Prepaid Gas Card</p> <p><input type="checkbox"/> Other <i>Specify</i>:</p>
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	BARRIERS FOR MV STUDENT	
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Indicate specific barriers this homeless student experienced at point of identification.				
Eligibility Questioned	School of Origin Selection	Transportation	Immunization/Medical Records	Other <i>Specify</i>

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.

NEEDS ASSESSMENT
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Have the parents/guardian/youth been made aware of their rights (**see below**) as a child covered under the McKinney Vento Act?   Yes ☐   No ☐

- Youth/families experiencing transitional housing have the right to:
- Attend either the local school or the school of origin if this is in the best interest of the student.
  - Receive transportation to and from the school of origin if within a reasonable distance.
  - Enroll in school immediately, even if missing records and documents normally required for enrollment (birth certificate, immunizations).
  - Access to the same programs and services that are available to all other students including transportation and supplemental educational services.
  - Attend school with children not experiencing transitional housing difficulties; segregation based on a student's status as "youth in transition" is prohibited.

Students are entitled to attend their home school, regardless of the current living situation; with transportation to be provided by the schools if needed. Is help needed with this?   Yes ☐   No ☐

Free or reduced breakfast/lunches?   Yes ☐   No ☐

Backpacks and/or school supplies?   Yes ☐   No ☐   School Clothing?   Yes ☐   No ☐   Describe: \_\_\_\_\_

Do you feel your child needs a special education evaluation?   Yes ☐   No ☐

Does your child need extra help/tutoring in school? Yes ☐ No ☐

Has your child been in any school activities in the past? Yes ☐ No ☐ Describe: \_\_\_\_\_

Would you like your child to involved with these or other activities? Yes ☐ No ☐ Describe: \_\_\_\_\_

Do you need help finding other services? Yes ☐ No ☐

**ADDITIONAL NOTES:**

**Place a check ALL services the enrolled student will be receiving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Free breakfast/lunch program   |
| <input type="checkbox"/> School Supplies   | <input type="checkbox"/> Special Education Services/IEP |
| <input type="checkbox"/> Gifted/Talented   | <input type="checkbox"/> Vocational/Technical Education |
| <input type="checkbox"/> LEP/Bilingual   | <input type="checkbox"/> Clothing/Shoes                 |
| <input type="checkbox"/> Tutoring (Title I)  | <input type="checkbox"/> Vision/glasses referral        |
| <input type="checkbox"/> Mentoring   | <input type="checkbox"/> Afterschool programs           |
| <input type="checkbox"/> Preschool/Head Start/Great Start/GSRP Enrollment  |   |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/> Medical/Dental referral        |
| <input type="checkbox"/> Medicaid/DHS services   | <input type="checkbox"/> Housing/CoC Referral           |
| <input type="checkbox"/> Missing Enrollment Records:<br>- Birth certificate<br>- Immunizations/medical records<br>- Prior academic records<br>- Guardianship | <input type="checkbox"/> Other <i>Specify:</i>          |

\_\_\_\_\_  
Person completing assessment/intake

\_\_\_\_\_  
Date

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_