



Shippensburg Area School District Homeless Intake Form

Student Name: _____ State ID: _____ Local ID: _____ Grade/Bldg: _____

Special Education: ___ Yes ___ No Comments: _____

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Special Education: ___ Yes ___ No Comments: _____

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Special Education: ___ Yes ___ No Comments: _____

Current Contact Information

Address: _____ Phone Number: _____

Email: _____

Eligible for McKinney-Vento Homeless Services

Resource Packet Provided: Date _____

Eligibility Criteria / Precipitating Event

Abandonment Eviction Act of Nature/Natural Disaster Fire

Death of Parent/Guardian Domestic Violence Hospitalization of Parent / Guardian Military

Job Loss/Loss of Income Divorce/Separation Incarceration of Parent / Guardian Left Home

Separated from Family Other Poverty Related Situation Other

Nighttime Living Arrangements / Sungard Programs

Doubled Up (Living w/ another family) Hotel / Motel Transitional Housing

Shelter Unsheltered (Car, park, campground, temporary shelter)

Method of Identification

Self/Parent Identified Shelter Visit School Staff Referral

Survey Other Referral Other

Student Status

Currently Enrolled Awaiting Enrollment Dropped Out Alternative Placement _____

Graduated Left Region No Longer Homeless No Longer Attending School Other

Student Needs

School Supplies Clothing Toiletries Nothing at this time

PIMS

Accompanied Unaccompanied Free / Reduced Lunch

Transportation Required: Pick up / Drop off address- _____

Effective Date: _____ End Date: _____

Notes: _____

Name / Title of Person Filling Out This Form: _____ Date Completed: _____