INTAKE/ELIGIBILITY FORM FOR MIGRANT HOMELESS STUDENTS

*TODAY’S DATE*: *METS*:

*Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***New Student Y or N***

# **Student Information**

*Student Name:*

*Date of Birth: Gender: Male Female*

*Unaccompanied Youth: \_\_\_\_ Yes \_\_\_\_ No Currently PFS: \_\_\_\_ Yes \_\_\_\_ No*

*Parents/Guardians:*

*Address:*

*Telephone: Shoe Size \_\_\_\_\_\_\_ Pajamas Size \_\_\_\_\_\_\_\_\_\_\_\_*

*Other Contact Information:*

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# **School Information**

#  District of Current Residency:

*Date Family Entered District: Grade Building*

*Currently Enrolled: Yes\*\* No \*\*If P0-P5Type of Program: ABCD UPK HS*

*More than 2 days between attempted and actual school enrollment?\_\_\_\_\_ No \_\_\_\_\_\_ Yes*

 *Previous School District (Before homelessness):*

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# **Night-time Residence**

*Shelters ; Doubled Up ; Unsheltered (e.g. cars, parks, campgrounds, etc.) ;*

*Hotels/Motels ; Sub-standard Housing ; Transitional Housing ;*

*Other (specify) Unknown*

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# **Needs:**

*School Registration ; Transportation ; Tutoring ;*

*Advocacy ; Referral for Services ;*

*Other Assistance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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## Reviewed by: Date:

##  METS Local Homeless Liaison

 *Approved*

 Date

 *Disapproved*