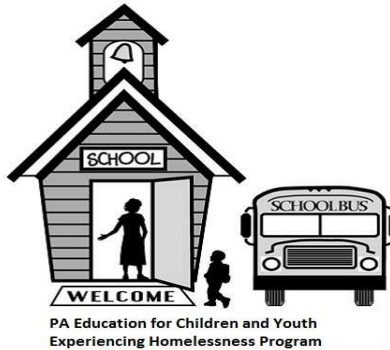


Date rec'd: \_\_\_\_\_  
 Initials: \_\_\_\_\_

# ECYEH Intake Form



This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

## Student/Contact Information

Student's Last Name	First Name	PPID (10 digit)
Temporary Address	Phone Number	Alt Phone Number
Date of Birth	Gender	Grade Level
School District/Building	Parent/Guardian Enrolling Student	Relationship to Student

## Precipitating Event

Place an **X** indicating the appropriate precipitating event resulting in loss of housing

Abandonment	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Parent/Guardian Incarcerated	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parental Job Loss/Loss of Income	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Other Poverty-related Situation	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

## Living Arrangement

Place an **X** in the box indicating the appropriate living arrangements

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled-up (living with another family)	

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable)

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I, \_\_\_\_\_ affirm that the information is true and accurate.  
(Parent/Guardian's Name)

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

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(Signature of Parent/Guardian)

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(Student's Name)

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(Date)

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(District Personnel Receiving Form)

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(Title)

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(Date)

District Liaison Information  
Kimberly Honabach, Principal  
Homeless Liaison  
Bloomsburg Area School District  
Bloomsburg Memorial Elementary School  
khonabach@bloomsd.k12.pa.us  
(570) 784-7885

Send completed form to:  
Kelly Pegg, Prevention Specialist  
Secondary Complex  
[kpegg@bloomsd.k1212.pa.us](mailto:kpegg@bloomsd.k1212.pa.us)  
570-784-6100

### Regional Coordinator

Jeff Zimmerman, PA ECYEH Region 7 Coordinator  
Luzerne Intermediate Unit 18 368 Tioga Avenue  
Kingston, PA 18704  
570-718-4613  
570-287-5721 (fax)  
<http://www.liu18.org/index.php/ecyeh>