

INTAKE/ELIGIBILITY FORM FOR MIGRANT HOMELESS STUDENTS

DATE: _____ MEOP: _____

Person Completing Form: _____

A. Student Information

Student Name: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Unaccompanied Youth: _____ Yes _____ No

Parent/Guardian: _____

Residence: _____

Telephone: _____

Other Contact Information: _____

B. School Information

District of Current Residency: _____

Date Family Entered District: _____ Grade _____ Building _____

Currently Enrolled: _____ Yes _____ No Date Child Enrolled in School: _____

Previous School District: _____

C. Night-time Residence

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

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

Other (specify) _____ Unknown _____

D. Needs:

School Registration _____; Transportation _____; Tutoring _____;

Advocacy _____; Referral for Services _____;

Other Assistance) _____

Reviewed by: _____ Date: _____

MEOP Local Homeless Liaison

Approved

Local School District Notified _____

Date

Disapproved