



**INSTRUCTIONS: Complete a separate form for each identified MV student. MV Liaison should retain at school/district level. This is a local use intake form for use in compiling aggregate MV student data.**  
 \* Report MV student status to MDE in the MSDS.

**Note:** This form is for local use only and not to be returned to the Michigan Department of Education. Maintain LEA copy for On Site Review.

<b>School Year</b>
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GENERAL INFORMATION																				
<b>School &amp; District</b>	<b>ISD</b>										<b>LEA Code</b>									
McKINNEY-VENTO (MV) ELIGIBLE STUDENTS																				
<b>Date of Intake</b>	<i>ENTER GRADE</i>	<b>Gender</b>			<b>Check if</b>				<b>Race/Ethnicity Check One</b>											
<input type="checkbox"/> IF PARENT, GUARDIAN OR UNACCOMPANIED YOUTH IS ACTIVE MILITARY OR A VETERAN, PLEASE CHECK THIS BOX AND REFER IMMEDIATELY TO LOCAL HOUSING AGENCY FOR PRIORITIZED HOUSING ASSISTANCE.	Grade Pre-K thru 12	Female	Male	Disabled	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							
		<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"/>	<input type="checkbox"/>							
MV ELIGIBILITY STATUS																				
<b>Housing Status</b> <i>Check the appropriate status for the identified student in your school.</i>	<b>Living Arrangements</b>						<b>Student Mobility</b>													
<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 Legal Parent/Guardian (Kicked out of home or abandoned, possibly due to pregnancy, LGBT issues, family conflicts, parental mental health, or alcohol and other drug abuse) <input type="checkbox"/> Released from penal institution <input type="checkbox"/> Abandoned <input type="checkbox"/> Other <i>Specify:</i>	<input type="checkbox"/> <b>10-</b> In a shelter <input type="checkbox"/> <b>11-</b> Transitional housing/shelter program <input type="checkbox"/> <b>12-</b> Awaiting Foster Care Placement OR Temporary Foster Care Placement <input type="checkbox"/> <b>13-</b> Doubled-up <input type="checkbox"/> <b>14-</b> In a hotel/motel <input type="checkbox"/> <b>15-</b> Unsheltered (On the street, in a car, park, campground, abandoned building) <input type="checkbox"/> Unknown <input type="checkbox"/> Other <i>Specify:</i>						<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>													
							Special Education	English Lang. Learner (ELL)	Gifted/Talented	Vocational Education	Student Attending Alternative School	<input type="checkbox"/> Yes <input type="checkbox"/> No								
						Name and Address of School in Which Student is Currently Enrolled			# of Other Schools Student Previously Attended											
MV STUDENT TRANSPORTATION INFORMATION																				
Was transportation to the school of origin provided to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes,</b> Was School of Origin: <input type="checkbox"/> Within District <input type="checkbox"/> Outside District <b>If no,</b> please explain:							<b>Transportation Mode</b> <input type="checkbox"/> Additional/Extended Bus Route <input type="checkbox"/> Contracted Transport. Services <input type="checkbox"/> Privately-Owned Non-Family Vehicle <input type="checkbox"/> Other <i>Specify:</i>							<input type="checkbox"/> Public Transportation <input type="checkbox"/> Special Ed. Bus/Van <input type="checkbox"/> Reimburse mileage <input type="checkbox"/> Taxi <input type="checkbox"/> City/County Service <input type="checkbox"/> Prepaid Gas Card						
<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. <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.																				

**BARRIERS FOR MV STUDENT**

**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.

<b>ADDITIONAL NOTES:</b>	<b>Place a check for ALL services the enrolled student will be receiving:</b>
	<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"/> Tutoring (Shelter) <input type="checkbox"/> Before- or After-school programs <input type="checkbox"/> Tutoring (Other location) <input type="checkbox"/> Mentoring <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: - Birth certificate - Immunizations/medical records - Prior academic records - Guardianship <input type="checkbox"/> Other <i>Specify</i> :