



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 KDE in the Infinite Campus**

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

School Year

General Information

School	District	SSID	LEA Code	School Code
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McKinney-Vento (MV) Eligible Students

Date of Intake <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.	Enter Grade	Gender												
	Grade: Pre K - 12	Female	Male	Special Education	Migrant	English Learner	Rec'd Title I Part A Services	Asian or Pacific Islander	Black, Not of Hispanic Origin	Hispanic	American Indian or Alaskan Native	White, Not of Hispanic Origin	Other	
Student Name		<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

Housing Status Check the appropriate status for the identified student in your school. <input type="checkbox"/> Living with family <input type="checkbox"/> Separated from family <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 neglected or delinquent institution <input type="checkbox"/> Abandoned <input type="checkbox"/> Other <i>Specify:</i>	Living Status <input type="checkbox"/> Transitional housing/shelter program <input type="checkbox"/> Doubled-up <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> Unsheltered/inadequate housing (On the street, in a car, park, campground, abandoned building)	Student Mobility <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?		
District Programs the Student is Enrolled In Click all that apply. Report for Pre-K through 12 only				
Special Education	English Learner (EL)	Gifted/Talented	Career Tech Education	Student Attending Alternative Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and address of school in which student is currently enrolled			# of other schools student previously attended within the year	

MV Student Transportation Information

Was transportation to the school of origin provided to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , was school of origin: <input type="checkbox"/> within district <input type="checkbox"/> outside district If no , please explain:	Transportation Mode <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 Education bus/van <input type="checkbox"/> Reimburse mileage <input type="checkbox"/> Taxi <input type="checkbox"/> City/county services <input type="checkbox"/> Prepaid gas card
School of Origin is the school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled. School of Residence 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 or 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** to this MV student in your school.

Additional Notes:

Place a check for ALL services the enrolled student will be receiving:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Transportation <input type="checkbox"/> School supplies <input type="checkbox"/> Gifted/talented <input type="checkbox"/> LEP/bilingual <input type="checkbox"/> Tutoring (Title I) <input type="checkbox"/> Tutoring (shelter) <input type="checkbox"/> Tutoring (other locations) <input type="checkbox"/> Mentoring <input type="checkbox"/> Preschool/head start/great start/ <input type="checkbox"/> 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: <ul style="list-style-type: none"> -birth certificate -immunizations/medical records -prior academic records -guardianship | <ul style="list-style-type: none"> <input type="checkbox"/> Free breakfast <input type="checkbox"/> Special education services/IEP <input type="checkbox"/> Vocational/technical education <input type="checkbox"/> Clothing/shoes <input type="checkbox"/> Vision/glasses referral <input type="checkbox"/> Before- or after- school programs <input type="checkbox"/> Other <i>Specify</i>: |
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