

HELP

McKinney-Vento Education Program/ **Notification**

(one form per family)

Date: _____ Notified by: _____ SCHOOL: _____

School-Aged Children (Please list oldest child first)

Student Last/First Name	Birthdate	Special Ed.	School Enrolled	Grade	Gender
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
Non-School Aged Children Last/First Name	Age	Enrolled in Early Childhood Program	Needs referral to HeadStart/Early Head Start		Gender
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> M <input type="checkbox"/> F

Last School Attended: _____

Lives With:	Last Name	First Name	Address (city, state, zip)	Phone
<input type="checkbox"/> Father				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Other				
<input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other (Specify)				

<p>Family/Student Living Situation:</p> <p><input type="checkbox"/> Doubled-Up due to loss of housing or economic hardship</p> <p><input type="checkbox"/> In a motel/hotel (due to economic hardship)</p> <p><input type="checkbox"/> In a shelter/transitional living program</p> <p><input type="checkbox"/> Unsheltered (e.g., cars, parks, etc.)</p> <p><input type="checkbox"/> Awaiting Foster Care placement (until 12/10/16)</p> <p><input type="checkbox"/> Runaway child or youth</p> <p><input type="checkbox"/> Unaccompanied Youth/ without parental support</p>	<p>Student needs immediate services for:</p> <p><input type="checkbox"/> Enrollment</p> <p><input type="checkbox"/> Free Meals</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> School Supplies</p> <p><input type="checkbox"/> available at school <input type="checkbox"/> not available at school</p> <p><input type="checkbox"/> School Uniforms/ sizes Shirt _____ pants _____</p> <p><input type="checkbox"/> PE shoes/ size _____</p>
<p>Educational Services needed:</p> <p><input type="checkbox"/> School/Health records</p> <p><input type="checkbox"/> Tutoring support</p> <p><input type="checkbox"/> Credit Recovery</p> <p><input type="checkbox"/> Application in to GSC <input type="checkbox"/> SCORE <input type="checkbox"/></p> <p><input type="checkbox"/> OK Promise</p> <p><input type="checkbox"/> FAFSA: Application <input type="checkbox"/> Financial Aid Letter <input type="checkbox"/></p>	<p>Other Services needed:</p> <p>Referral to Community Resources:</p> <p><input type="checkbox"/> Medical, Dental</p> <p><input type="checkbox"/> Food and Clothing</p> <p><input type="checkbox"/> Case Management: Mentoring/Counseling</p> <p><input type="checkbox"/> Housing Support</p> <p><input type="checkbox"/> LATS bus pass</p> <p><input type="checkbox"/> Other:</p>
<p>Other: Explain</p>	

FAX this form to the office of Federal Programs to request services: (580) 585 6473