



**Please return both pages of this form to:**  
 Beth K. Winterbottom, Regional Coordinator  
 Berks County Intermediate Unit,  
 1111 Commons Blvd. PO Box 16050  
 Reading, PA 19612-6050  
 Phone: 610-987-8509 fax: 610-987-8400 [betwin@berksiu.org](mailto:betwin@berksiu.org)

## Berks County Homeless Student Intake Form

Parent/Guardian responsible for enrolling student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

<u>Student Name</u>	<u>DOB</u>	<u>Grade</u>	<u>Gender</u>	<u>PA Student ID#</u>

Number and name of other schools/districts this student attended during the current school year: \_\_\_\_\_

School Uniform Needed:    YES    NO    (circle one)

Pant size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Book Bag and Supplies needed  
 (Specify special requests): \_\_\_\_\_

Bus pass needed

(over)

\*Attach additional comments and notes if needed.

<u>Homeless Status</u> Check the appropriate status for the identified homeless student in your school	<u>Living Arrangements</u>	<u>Mobility</u> Did this student:	<u>District Programs this Student Qualifies for:</u>	<u>Was transportation to school of origin provided?</u>
<input type="checkbox"/> Living with family <input type="checkbox"/> Separated from family <input type="checkbox"/> Foster care pending <input type="checkbox"/> Unaccompanied youth <input type="checkbox"/> Runaway <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Emergency Shelter Shelter Name: _____  Date Entered _____  <input type="checkbox"/> Transitional Housing Program Name: _____  Date Entered _____  <input type="checkbox"/> Hotel/Motel Name of hotel: _____  <input type="checkbox"/> Street, car, park, abandoned building <input type="checkbox"/> Doubled up  <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Stay in school of origin  <input type="checkbox"/> Attend school of origin across district boundaries  <input type="checkbox"/> Transfer to other school district  <input type="checkbox"/> Other:	<input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Vocational Education <input type="checkbox"/> Attending Alternative School <input type="checkbox"/> Migrant <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> YES <input type="checkbox"/> NO  <u>If yes, transportation mode:</u> <input type="checkbox"/> School Bus <input type="checkbox"/> Public transportation <input type="checkbox"/> Spec. Ed bus/van <input type="checkbox"/> Taxi <input type="checkbox"/> Reimburse family for mileage <input type="checkbox"/> Other (specify):

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

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

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Date

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including disenrollment.