

# Lewisburg Area School District



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## CENTRAL ADMINISTRATIVE OFFICE

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## Homeless Student Intake Form

**\*Note: This Form Should Only Be Filled Out if Student is Homeless\***

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

### Student / Contact Information

Student's Last Name	First Name	M. I.
Temporary Address	Phone Number	Alt. Phone Number
Date of Birth	Gender	Grade Level
School Building	Parent / Guardian Enrolling Student	Relationship to Student

### Precipitating Event

*Place an X indicating the appropriate precipitating event resulting in loss of housing*

Abandonment	Left Home	
Act of Nature	Parent / Guardian Hospitalized	
Death of Parent / Guardian	Parent / Guardian Incarcerated	
Domestic Violence	Parental Job Loss / Loss of Income	
Eviction	Other Poverty-Related Situation	
Fire	Other	

### Living Arrangement

*Place an X indicating the appropriate living arrangements*

Shelter	
Transitional Housing	
Hotel / Motel	
Unsheltered (Campground, Car, Abandoned Building, Park, Temporary Trailer, Street)	
Doubled-Up (Living with Another Family)	

(Form Continues on Back)

**Name and Address of Shelter, Transitional Housing, or Hotel / Motel (if applicable)**

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

I, \_\_\_\_\_ have been advised of my rights and child's rights under the  
McKinney-Vento Federal Homeless Assistance Act

\_\_\_\_\_  
(Signature of Parent / Guardian)

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(District Personnel Receiving Form)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)