

## ATHENS AREA SCHOOL DISTRICT

100 CANAL STREET, ATHENS, PA 18810

PHONE: 570-888-7766 • FAX: 570-882-6250 • WWW.ATHENSASD.ORG

## **ECYEH Intake Form**

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.

<b>Student/Contact Information</b>			
Student Name	Grade	Age	
Temporary Address	E	Birth date	_ Gender
Phone Number	Alternate Phone Numbe	er	
Parent/Guardian Enrolling Student:			
Relationship to Student:	District Buil	ding	
Precipitating Event			
Place an $\mathbf X$ indicating the appropriate pre	ecipitating event resulting	in loss of housing	
Abandonment	Left Home	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		
Shelter Transitional Housing			
Hotel/Motel			
Unsheltered (Campgrounds, car, abando	oned building, park, tempo	orary trailer, stree	et)
Doubled-up (living with another family)			
Name of Shelter, Transitional Housing o	r Hotel/Motel (if applicab	le)	
I,(Parent/Guardian's Name)	affirm that the info	rmation is true and	d accurate.
I.	have been advised of	f my rights and ch	ild's rights
(Parent/Guardian's Name)	under the McKinney-Vento Federal Homeless Assistance Act.		
(Signature of Parent/Guardian)	(Student's Name)	(C	 Pate)
(District Personnel Receiving Form)	(Title)		 (Date)