



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## MCKINNEY-VENTO HOMELESS EDUCATION COMMON FORM

### WELLNESS DEPARTMENT

DISTRICT NAME AND NUMBER		SCHOOL NAME		
STUDENT NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (mm/dd/yyyy)	SIS NUMBER	GRADE (PRESCHOOL – 12)
CONTACT PERSON (Parent, Guardian, Other)		UNACCOMPANIED YOUTH* <input type="checkbox"/> Yes <input type="checkbox"/> No		PRESCHOOL AGE (3-5 CHILD) <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (Street, City, State, Zip Code) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		TELEPHONE (Include Area Code)		
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> MULTI-RACIAL/ETHNIC				

\*unaccompanied youth – youth who is not in physical custody of parent of guardian.

#### CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- |  |  |
|--|--|
| <input type="checkbox"/> Shelter   | <input type="checkbox"/> With relatives or others due to lack of housing |
| <input type="checkbox"/> Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing due to the loss of housing | <input type="checkbox"/> Other: _____                                    |
| <input type="checkbox"/> Train or bus station, park, or in a car   | <input type="checkbox"/> Disaster victim? Explain: _____                 |
| <input type="checkbox"/> Abandoned apartment/building  | _____  |

Is there a current Order of Protection or No Contact Order which concerns the student?  Yes  No

Last school attended: \_\_\_\_\_

#### Eligible for any educational and school related activities and services?

- Special Education (IDEA)     English Language Learners (ELL)     Gifted and Talented     Vocational Education     Preschool age 3-5  
 Other: \_\_\_\_\_

#### Possible Barriers to Education

- School Selection     Transportation     School Records     Immunizations or other medical records  
 Other: \_\_\_\_\_

#### Proposed Services and Activities – 16 Allowable Services under McKinney-Vento

- |   |   |
|---|---|
| <input type="checkbox"/> Tutoring or other instructional support                    | <input type="checkbox"/> Expedited evaluations                            |
| <input type="checkbox"/> Referrals for medical, dental, & other health services     | <input type="checkbox"/> Staff professional development/awareness         |
| <input type="checkbox"/> Assistance with participation in school programs           | <input type="checkbox"/> Transportation                                   |
| <input type="checkbox"/> Obtaining or transferring records necessary for enrollment | <input type="checkbox"/> Early childhood programs – preschool, Head Start |
| <input type="checkbox"/> Coordination between schools and agencies                  | <input type="checkbox"/> Before/after-school, mentoring, summer programs  |
| <input type="checkbox"/> Clothing to meet a school requirement                      | <input type="checkbox"/> Parent education related to rights/resources     |
| <input type="checkbox"/> Emergency assistance related to school attendance          | <input type="checkbox"/> Counseling                                       |
| <input type="checkbox"/> Addressing needs related to domestic violence              | <input type="checkbox"/> School supplies                                  |
| <input type="checkbox"/> Referral to other programs and services                    | <input type="checkbox"/> Other _____                                      |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge, the information in this document is accurate:

\_\_\_\_\_  
Name (please type or print)

\_\_\_\_\_  
ROE/LEA/Agency

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list below the children in your care: (Attach additional sheets if necessary.)

NAME OF CHILD	DATE OF BIRTH	SEX		GRADE LEVEL	NAME OF LAST SCHOOL ATTENDED	NAME OF NEW SCHOOL
		M	F			
	/ /	<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"/>			
	/ /	<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"/>			

CONTACT INFORMATION OF FAMILY (optional)

SERVICES ALREADY BEING PROVIDED

OTHER INFORMATION