

Bergenfield Public Schools
McKinney-Vento Intake Affidavit

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Home School (based on current residence): _____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? (*check box*)

In a motel/hotel- Name of motel/hotel: _____

In a shelter- Name of shelter: _____

Transitional Housing- Name of transitional housing: _____

Group Home- Name of group home: _____

Temporary/emergency foster home

With more than one family in a house or apartment

Moving from place to place

In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: (*check box*)

Both parents

One parent- Which parent? _____

One parent and another adult- Which parent? _____

A relative- Specify which (e.g. grandmother) _____

Friends or other adults- please identify _____

An adult who is not a parent or legal guardian- please identify _____

5. Describe the current living situation in detail: _____

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*

- Special Education/Exceptional Children's Services- Describe: _____
- 504 Accommodation Plan- Describe: _____
- English As a Second Language (ESL) services
- Help for Behavior Improvement
- Tutoring Services
- Academically or Intellectually Gifted services
- Counseling services

8. At this time, what is the greatest need for your child? *(check all that apply)*

- School supplies
- School uniform or clothing
- Help for academic improvement
- Help for behavior improvement
- Referral for food assistance
- Medical referral/immunizations
- Mental health/counseling referral
- Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, A Child's Place; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow CMS staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: _____
(Or Unaccompanied Youth)

Date: _____

MCV School Liaison Signature: _____

Date: _____

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Checklist for School Use Only

_____ Informed parent/guardian/unaccompanied youth of their rights under MCV and gave them a copy of their rights. Date: _____

_____ Entered data into NC WISE regarding program assignment, services, and dwelling type. Date: _____

_____ Established transportation to and from school. Date: _____

_____ Gave Verification for Nutrition Services to cafeteria manager. Date: _____

_____ Completed MCV Academic Review. Date: _____

_____ Made referral to A Child's Place (attach form if available). Date: _____

_____ Provided school supplies for student. Date: _____

_____ Reviewed temporary housing options with parent/guardian/unaccompanied youth. Date: _____

_____ Connected parent/guardian/unaccompanied youth with food assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with clothing assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with health services assistance. Date: _____

_____ Sent Title I Tutoring Request to CMS District MCV Liaison. Date: _____

_____ Sent Request for Funding for After School Enrichment Program to CMS District MCV Liaison. Date: _____

_____ Student referred to Intervention Team. Date: _____

_____ Student referred to IEP Team. Date: _____

_____ Other: _____ Date: _____

_____ Other: _____ Date: _____