



McKinney-Vento School Year _____ School Year Student Service Request

Note: This form should be completed by shelter staff, youth serving professionals or school staff. PARENTS SHOULD NOT COMPLETE THIS FORM.

Instructions: Complete Part 1 when initiating a request for service. Fax it to (412) 824-6095, attn. Haley Palmore. Please resend the same form, with Part 2 completed as an update, when the family leaves the shelter, changes addresses or changes homeless status. The form can also be e-mailed to hpalmore@eawildcats.net.

PART 1

Your name: _____ Phone: _____ Date: _____

If from a school, identify school: _____ Phone: _____

If from a shelter, identify shelter name and address: _____ If CYF: { Yes

If not in a shelter, student is: { Doubling-up { In hotel/motel { In temporary foster care { Other: _____

Night time address: _____

Name of Student: _____ Grade: _____ DOB: _____

Name of Parent/Guardian: _____ Phone: _____

Check one: { EASD Resident { Other: _____

Service Requested: { Transportation { Homeless code only { Other: _____

Is student receiving special education services? { Yes { No

If yes, is transportation provided? { Yes { No

School of origin: _____ School district of origin: _____

Neighborhood school: _____ School selection: _____

Causal Event:

- | | | |
|------------------------|------------------------------|--------------------------|
| { Awaiting foster care | { Gas leak | { Parent incarceration |
| { Fire | { Parent health issue | { Urgent move: safety |
| { Parent abuse/neglect | { Temporary living situation | { Domestic violence |
| { Property damage | { Financial hardship | { Landlord issues |
| { Eviction | { CYF involvement | { Parent/caretaker death |
| { Child abandonment | { Job Loss | { Other |

Describe circumstances: _____

Please complete Part 2 on the next page when a student leaves shelter or their status changes, and refax it to (412) 824-6095 or e-mail Haley Palmore, EASD Homeless Liaison at hpalmore@eawildcats.net.

McKinney-Vento School Year _____
School Year Student Service Request



East Allegheny School District
1150 Jacks Run Road
North Versailles, PA 15137
412-824-8012

FOR EASD HOMELESS LIAISON COMPLETION AT INITIAL REQUEST:

Transportation requested: { Yes { No Share cost arrangement: { Yes (with): _____ No {

Actions: _____

EASD Homeless Liaison's Signature: _____

Date Approved: _____

Date Denied: _____

Important information, if any: _____

PART 2

Note: Referral source completes this section when a student leaves shelter or status changes.

Date left shelter: _____

Date status changed if not from a shelter: _____

Left EASD? { Yes { No

If known, student moved to (address): _____

Phone: _____

Anticipated School: _____

Involvement with SAP? { Yes { No

Remove homeless code: { Yes { No Cancel bus: { Yes { No

Busing From _____

Updated information: _____

FOR EASD HOMELESS LIAISON UPDATED ACTION:

{ Cancel transportation

{ Update address in SIS to _____

{ Bus from updated address to _____

{ Remove homeless code

{ Remove from EASD rolls

EASD Homeless Liaison's Signature: _____

Date status updated: _____