



McKinney-Vento/Foster Care School Year _____ Student Service Request

- Homeless (McKinney-Vento) Foster Care (ESSA)

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. Mark Draskovich. 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 mdraskovich@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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Awaiting foster care | <input type="checkbox"/> Gas leak | <input type="checkbox"/> In Foster Care |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Parent health issue | <input type="checkbox"/> Parent incarceration |
| <input type="checkbox"/> Parent abuse/neglect | <input type="checkbox"/> Temporary living situation | <input type="checkbox"/> Urgent move: safety |
| <input type="checkbox"/> Property damage | <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> CYF involvement | <input type="checkbox"/> Landlord issues |
| <input type="checkbox"/> Child abandonment | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Parent/caretaker death |
| | | <input type="checkbox"/> 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) 825-4570 or e-mail Mark Draskovich, EASD Homeless Liaison at mdraskovich@eawildcats.net.

**McKinney-Vento/Foster Care School Year _____
Student Service Request**



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

FOR EASD HOMELESS/ESSA LIAISON COMPLETION AT INITIAL REQUEST:

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

Actions: _____

EASD 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/ESSA LIAISON UPDATED ACTION:

- Cancel transportation
- Update address in SIS to _____
- Bus from updated address to _____
- Remove homeless code
- Remove from EASD rolls

EASD Liaison's Signature: _____

Date status updated: _____