MCKINNEY-VENTO
PENNSYLVANIA HOMELESS CHILDREN'S INITIATIVE
STATE PROGRAM (PAHCI)

This information will remain confidential and will only be used to provide appropriate assistance.

_____
Date

1. ***Student Information***: School _____

Student's Name: _____
Last *First* *Middle*

_____ _____
Date of Birth *Relationship to Child*

_____ _____
Parent/Guardian Signature *Parent/Guardian Name (Printed)*

2. ***Do you have proof of residency?*** ☐ Yes **If answer is yes, you have finished the form.**
☐ No **If answer is no, please answer questions 3, 4, and 5.**

3. ***Is this a temporary living arrangement?*** ☐ Yes ☐ No

4. ***Do you consider yourself to be without a permanent residence or homeless?*** ☐ Yes ☐ No

5. ***Did a situation occur which created the loss of your permanent residence?*** ☐ Yes ☐ No
If answer is yes, when did the situation occur _____

Please check the appropriate box.

Abandonment ☐ Act of Nature/Natural Disaster ☐ Death of Parent/Guardian ☐
Domestic Violence ☐ Eviction ☐ Fire ☐ Hospitalization of Parent/Guardian ☐
Incarceration of Parent/Guardian ☐ ☐ Other (briefly explain) _____

_____

☐ I have received the McKinney-Vento Homeless Education Information for Parents.

For School Office Use Only

- If family answers yes to question 2, stop and continue with regular registration procedures.
- If family answers yes to question 3 and no to question 4, the family is not considered homeless, and regular registration procedures should be initiated.
- Method of Identification: ☐ Staff Referral ☐ PAHCI Survey ☐ Other Referral
- All information needs to be entered in the eSchool Plus.
- **Send a copy of this form to Child Accounting.**

7/5/11