



## Richfield Public School Academy

3807 N. Center Road ~ Flint, MI 48506

Office: 810-736-1281 ~ Fax: 810-736-2326

## Richfield Early Learning Center

4358 Richfield Road ~ Flint, MI 48506

Office: 810-736-7149

---

Parents/Guardians,

The attached survey is for the purpose of identifying school-age students who may be eligible for certain services and/or protections under the federal McKinney-Vento Act.

If your family lives in any of the following situations:

- ❖ In a motel or campground due to the lack of an alternative adequate accommodation
- ❖ In a car, park, abandoned building, or bus or train station
- ❖ Doubled up with other people due to loss of housing or economic hardship

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.

### *Local Liasons*

Joni Clemons  
McKinney-Vento Homeless Liaison  
810-736-1281  
[JClemons@richfieldpsa.org](mailto:JClemons@richfieldpsa.org)

Benjamin Salazar  
McKinney-Vento Homeless Liaison  
810-736-1281  
[bsalazar@richfieldpsa.org](mailto:bsalazar@richfieldpsa.org)

### *State Coordinator*

Pamela Kies-Lowe  
517-241-1162

# INTAKE FORM - REQUEST FOR MCKINNEY-VENTO SERVICES

Parent Name \_\_\_\_\_ Contact Phone Numbers (home) \_\_\_\_\_

(work) \_\_\_\_\_

Current Street Address \_\_\_\_\_

(cell) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

(pager) \_\_\_\_\_

(other) \_\_\_\_\_

Previous Street Address \_\_\_\_\_

**Information provided on this form is confidential.**

1. Do you live in any of these following situations?

\_\_\_\_\_ Sharing the housing of other persons due to: (check one)  
\_\_\_\_\_ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)

Explain: \_\_\_\_\_

\_\_\_\_\_ Long-term, cooperative living arrangement to save money or a similar reason

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_ In a motel, hotel, campground or similar setting due to: (check one)

\_\_\_\_\_ Lack of alternative adequate accommodations, explain: \_\_\_\_\_

\_\_\_\_\_ A convenient living arrangement or waiting for apartment or house to be ready

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through a shelter or agency – Name \_\_\_\_\_

\_\_\_\_\_ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

\_\_\_\_\_ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

\_\_\_\_\_ None of the above

2. How long do you anticipate living at this location? \_\_\_\_\_

3. Is this student in a temporary foster care placement or awaiting foster care? Yes / No

4. As a student, are you living with someone other than your parent or legal guardian? Yes / No

Student Names	Grades	Buildings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: Please coordinate services with all buildings where siblings attend.**

Previous School District & Building \_\_\_\_\_

Would you like your children to continue attending there? Yes / No

Are you working with a case worker or legal authority at this time? Yes / No If so, what are the contact names and phone numbers? \_\_\_\_\_

Possible Indicators: Eviction Notice Yes / No Turn-Off Notice Yes / No Police Report Yes / No  
FIA Confirmation Yes / No Other \_\_\_\_\_

**Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so. I understand that failure to provide truthful information could also jeopardize my child's enrollment status. Violation of this federal statute could result in criminal prosecution.**

Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Staff Member of Reference: \_\_\_\_\_

Family indicates that the following is needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Staff must review family situation on a regular basis and note outcome. Remember to cancel services that are no longer needed.*

Date: \_\_\_\_\_ Services update: \_\_\_\_\_

Date: \_\_\_\_\_ Services update: \_\_\_\_\_

Date: \_\_\_\_\_ Services update: \_\_\_\_\_

Date: \_\_\_\_\_ Services update: \_\_\_\_\_