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McKinney Vento Education Referral

Confidential Intake Form

Please fill out 1 per student and submit via email or fax

Student:

Age:

Grade:

M/F

DOB: _____

Parent/Guardian/Contact: _____

Phone #: _____

Temporary Address (NOT MAILING ADDRESS)

School: _____

Date: _____

Person Making Referral (Name and Position): _____

School in which student was last enrolled:

Sibling's names, ages/grade, and school if different:

Check all that apply

____ shared housing (Doubled up) ____ motel/hotel ____ camping or sleeps in car

____ resides in shelter ____ abandoned building ____ unaccompanied youth

____ Other (please describe)

Give a brief description of the family's situation:

Please mark assistance requested:

- Backpack
- School Supplies
- Hygiene Supplies
- Sleeping Bag
- Jacket
- Clothing (If Youth, please mark Youth, if Adult size, please mark Adult. Use waist and length size in pants for adults Ex: 34x32. Use sizing in pants for youth Ex: size 8)
 - YOUTH**
Shirt size: Pant size: Shoe size:
 - ADULT**
Shirt size: Pant size: Shoe size:
- Referral for community services
 - Type of Service: _____
- Transportation: bus pass

(Please leave this area blank for McKinney Vento Liaison and Coordinators)

Received by: _____

Date: _____

Approved and Filled on: _____

