

100 North First Street
Springfield, Illinois 62777-0001

WELLNESS DEPARTMENT

This form is to be completed by the district liaison or their representative.

| | | | | |
|--|--|---|------------|---|
| DISTRICT NAME AND NUMBER | | SCHOOL NAME | | |
| STUDENT NAME | <input type="checkbox"/> Male <input type="checkbox"/> Female | DATE OF BIRTH | SIS NUMBER | GRADE (PRESCHOOL-12) |
| CONTACT PERSON (Parent, Guardian, Other) | | UNACCOMPANIED YOUTH <input type="checkbox"/> Yes <input type="checkbox"/> No | | PRESCHOOL AGE (3-5 CHILD) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADDRESS (Street, City, State, ZIP Code) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | | TELEPHONE (Include Area Code) | | |
| RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> MULTI-RACIAL/ETHNIC | | | | |

**unaccompanied youth – youth who is not in physical custody of parent of guardian.*

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> With relatives or others due to lack of housing |
| <input type="checkbox"/> Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing due to the loss of housing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Train or bus station, park, or in a car | <input type="checkbox"/> Disaster victim? |
| <input type="checkbox"/> Abandoned apartment/building | Explain: _____ |

Is there a current Order of Protection or No Contact Order which concerns the student? Yes No

Last school attended: _____

Eligible for any educational and school related activities and services?

- Special Education (IDEA) English Language Learners (ELL) Gifted and Talented Vocational Education Preschool age 3-5
 Other: _____

Possible Barriers to Education

- School Selection Transportation School Records Immunizations or other medical records
 Other: _____

Proposed Services and Activities – 16 Allowable Services under McKinney-Vento

- | | |
|---|---|
| <input type="checkbox"/> Tutoring or other instructional support | <input type="checkbox"/> Expedited evaluations |
| <input type="checkbox"/> Referrals for medical, dental, and other health services | <input type="checkbox"/> Staff professional development/awareness |
| <input type="checkbox"/> Assistance with participation in school programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Obtaining or transferring records necessary for enrollment | <input type="checkbox"/> Early childhood programs - preschool, Head Start |
| <input type="checkbox"/> Coordination between schools and agencies | <input type="checkbox"/> Before/after-school, mentoring, summer programs |
| <input type="checkbox"/> Clothing to meet a school requirement | <input type="checkbox"/> Parent education related to rights/resources |
| <input type="checkbox"/> Emergency assistance related to school attendance | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Addressing needs related to domestic violence | <input type="checkbox"/> School supplies |
| <input type="checkbox"/> Referral to other programs and services | <input type="checkbox"/> Other _____ |

COMMENTS:

Please list below the children in your care: (Attach additional sheets if necessary.)

| NAME OF CHILD | DATE OF BIRTH | SEX | | GRADE LEVEL | NAME OF LAST SCHOOL ATTENDED | NAME OF NEW SCHOOL |
|---------------|---------------|--------------------------|--------------------------|-------------|------------------------------|--------------------|
| | | M | F | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

CONTACT INFORMATION OF FAMILY (optional)

SERVICES ALREADY BEING PROVIDED

OTHER INFORMATION

To the best of my knowledge, the information in this document is accurate:

Name (please type or print)

ROE/LEA/Agency

Title

Signature

Date

Website <https://www.isbe.net/Pages/Homeless.aspx> Hotline: 1-800-215-6379