**Parent/Guardian Contact Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Physical Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to text? **O Yes O No**

**Is this the school of origin?**

O Yes O No O Don’t Know

**2. Was this student identified as experiencing homelessness in their previous LEA?**

O Yes O No O Don’t Know

**3. Current Grade Level:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| O Below PreK | O 1st | O 4th | O 7th | O 10th |
| O PreK | O 2nd | O 5th | O 8th | O 11th |
| O Kindergarten | O 3rd | O 6th | O 9th | O 12th |

**3. Birthplace:**

|  |  |  |
| --- | --- | --- |
| O In State | O Other US | O Out of US |

**4. Which of the following best describes you?**

O Heterosexual (straight)

O Gay or lesbian

O Bisexual

O I describe my sexual identity some other way

O I am not sure about my sexual identity (questioning)

O I do not know what this question is asking

O N/A

|  |  |
| --- | --- |
|  |  |

**5. Primary Language:**

|  |  |
| --- | --- |
| O Spanish | O Other: |

**Present Living Situation:**

|  |  |  |  |
| --- | --- | --- | --- |
| O Shelter (Domestic Violence, Family, Runaway/Youth) | O Utilities cut off | O Transitional Housing |  |
| O Doubled Up | O Car/Camping | O Motel/Hotel | O Other |
| O Don’t Know |  |  |  |

**21. Present family situation:**

|  |  |  |
| --- | --- | --- |
| O with 1 parent | O with spouse | O alone, student is an adult |
| O with 2 parents | O with other adult(s) | O with peer(s) |
| O with 1 parent & & another adult | O alone, in a supervised facility | O don’t know |
| O with adult relative(s) | O alone, minor with no adult supervision |  |

**22. Number of schools previously attended this school year (2, USDE):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| O 0 | O 1 | O 2 | O 3 | O 4 | O 5 or more | O don’t know |

**23. Please list the schools, including the city and state, previously attended this year:**

**26. Lapse in school attendance (time between last school attended and present enrollment): (1, USDE**)

|  |  |  |
| --- | --- | --- |
| O 0 days of school | O 4-14 days of schools | O +31 days of school |
| O 1-3 days of schools | O 15-30 days of school | O Don’t Know |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list ALL children (birth through 21 years of age) in your care.** | | | | | | | |
| **Name** | **Grade** | | **Age** | **Date of Birth** | **Current or Last School Attended** | | **Student ID Number (if applicable)** |
|  |  | |  |  |  | |  |
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|  |  | |  |  |  | |  |
| **How can we best support you and your child/children?** | | | | | | | |
| **Enrollment Documentation**  (What types of documents do you need for school enrollment?)  Birth certificate  Immunizations  Transcripts  Proof of residency  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Health Information**  (What types of health assistance would be helpful to you and your child/children?)  Medicaid/PEMOSA  Medical  Dental  Vision  Mental Health/Behavioral Health  Reproductive health/pregnancy  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Basic Needs**  (In what areas would you like assistance for you and/or children?)  School supplies  Hygiene products  Clothing/Uniform/PE shoes  Food/Afterschool/weekend meals  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Housing/ Utilities**  (Is assistance needed with housing?)  Emergency Shelter/Safety  Housing  Furniture  Utilities  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Transportation**  (Is assistance needed for transportation?)  School bus  Bus fares  Reimbursement for gas  ☐Train  ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Legal**  (Is legal assistance needed?)  Guardianship  Emancipation  Orders of Protection  Custody/Child Support  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Early Childhood Services**  Childcare  Family Infant Toddler (FIT) Program  ☐Families FIRST Program  Home Visiting  Early Childhood Special Education  Head Start/Early Start  ☐ Other: | | **Educational Supports:**  ☐Place to study  ☐Out-of-School Time Programs (before/after)  ☐Mentoring  ☐Summer programs  ☐Tutoring/supplemental instruction  ☐Credit Recovery  ☐Advanced placement  ☐CTE/vocational/technical  ☐Class projects or field trips  ☐Assistance with GED Testing  Assistance with SAT/ACT Testing  Extracurricular Activities  ☐ Other: | | | | **Life Skills Development**  Budgeting  Personal safety  Cooking  Personal grooming  Social skills  Time management/organization  Household management  ☐ Other: | |
| **Special Education (IDEA)**  Expedited Evaluations  Gifted and Talented  Section 504 Accommodation Plan  ☐ Other: | | **Limited English Proficiency**  What is the primary home language (PHL) spoken?  Is student enrolled and/or participating in an Indigenous language class offered by previous schools?  ☐ Other: | | | | **Programming for Native American Students**  Attending school on NM Indian Lands?  BIE or Tribally controlled school, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Migrant Education Program**  Was this student identified as a migrant student in their previous LEA?  ☐ Other: | | **Support with High School Graduation**  Cap and gown  Letter of Independent Status  Assistance with completing FASFA  Assistance with locating/completing scholarship applications  ☐ Other: | | | | **Other** | |

NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Student Action Plan – (Enter Student’s Name) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| What does the student need? | What strategy will we use to assist in meeting that need? | Who is responsible for the strategy? | Are any supports needed to complete the strategy? | When will it be done? |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Duplicate page as needed for additional students.*

**Meeting Attendees**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed Name Signature Role Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed Name Signature Role Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed Name Signature Role Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Homeless Liasion\_\_ \_\_\_\_\_\_\_\_\_

Printed Name Signature Role Date

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