



9215 Michigan Ave
Detroit, MI 48210

5555 Conner
Detroit, Michigan 48213

Tel. (313) 827-9600
Fax (313) 584-0806
www.serlearningacademy.org

McKinney-Vento Homeless Assistance Act Student Identification Form

School: Elementary Middle High School Grade: _____

Date student identified and/or enrolled: _____

Student Name: _____ DOB: _____
Last First Middle

Gender: Male Female Race/Ethnicity: _____

Contact Information:

Parent or Guardian Name: _____

Temporary Address (if applicable): _____
Address City ZIP Code

Phone: _____ Alternate Phone: _____

Is Parent a Veteran? _____

Current Living Situation:

- Doubled Up - Temporarily sharing a house with another person
- In a motel, hotel, or campground
- In an emergency or transitional shelter or hospital
- Living in a vehicle
- Living on the street
- Unaccompanied Youth and/or Runaway
- Other _____

Brief description of circumstances leading to this living situation: _____

How long has child lived in this situation: _____

Expected length of stay in this situation: _____

OFFICE USE ONLY

*Instructions: Fill out both pages of this form for each student identified as homeless. Send to Wayne Metro Attn: **Julie Ratekin**.
 Fax # 734-955-6754 email: jratekin@waynemetro.org Address: 26650 Eureka Rd. Taylor MI 48180*