

CANTON AREA SCHOOL DISTRICT

“WARRIOR PRIDE”

ADMINISTRATIVE OFFICES

509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES

545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929



www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL

545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL

509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

ECYEH Intake Form

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The confidential information in this form will determine the services that the student may be eligible to receive.

Student/Contact Information

Student's Last Name	First	M.I.
Temporary Address	Phone Number	Alt Phone Number
Date of Birth	Gender	Grade Level
School District/Building	Parent/Guardian Enrolling Student	Relationship to Student

Precipitating Event

Place an **X** indicating the appropriate precipitating event resulting in loss of housing

Abandonment	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Parent/Guardian Incarcerated	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parental Job Loss/Loss of Income	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Other Poverty-related Situation	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Separated from Family	<input type="checkbox"/>
Military	<input type="checkbox"/>	Other	<input type="checkbox"/>

Living Arrangement

Place an **X** in the box indicating the appropriate living arrangements

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled-up (living with another family)	

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable)

I, _____ affirm that the information is true and accurate.
(Parent/Guardian's Name)

I, _____ have been advised of my rights and child's rights
(Parent/Guardian's Name) under the McKinney-Vento Federal Homeless
Assistance Act.

(Signature of Parent/Guardian)

(Student's Name)

(Date)

(District Personnel Receiving Form)

(Title)

(Date)

Dr. Eric Briggs
Superintendent / Homeless Liaison
Canton Area School District
509 E. Main St.
Canton, PA 17724
570-673-3191
570-673-3680 (fax)
<http://www.canton.k12.pa.us>

Jeff Zimmerman
PA ECYEH Region 7 Coordinator
Luzerne Intermediate Unit 18
368 Tioga Avenue
Kingston, PA 18704
570-718-4613
570-287-5721 (fax)
<http://www.liu18.org/index.php/ecyeh>