

# 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](http://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)

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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)

**Amy Repard**  
Special Education Supervisor /  
Homeless Liaison  
Canton Area School District  
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Canton, PA 17724  
570-673-3191  
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Luzerne Intermediate Unit 18  
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Kingston, PA 18704  
570-718-4613  
570-287-5721 (fax)  
<http://www.liu18.org/index.php/ecyeh>