



Wayne RESA/Wayne Metro CAA
Wayne County Consortium
McKinney-Vento Homeless Assistance Act
Student Identification Form - GSRP



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@waynemetrol.org Address: 26650 Eureka Rd. Taylor MI 48180

School/Agency: _____ Classroom: _____

Date student identified and/or enrolled: _____

Student Name: _____ Last 4 of SS#: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

Contact information:

Parent or Guardian Name: _____

Temporary Address: _____

Phone: _____ Alternate Phone: _____ Is Parent at Veteran: _____

Current Living Situation:

- Temporarily sharing a house with another person due to loss of housing, economic hardship, or similar reason
- In a motel, hotel, or campground due to a lack of alternative accommodations
- In an emergency or transitional shelter or hospital
- Awaiting Foster Care placement
- In a living arrangement not described above that is not fixed, regular, and adequate
- Unaccompanied Youth and/or Runaway
- None of the Above

Brief description of circumstances leading to this living situation:

How long has child lived in this situation: _____

Expected length of stay in this situation: _____

Is contact from Wayne Metro CAA requested?

YES

NO

Determine the following Needs and Services: *Only fill this section out if requesting services.*

Enrollment: – Currently needing follow-up for the following documents:

- Proof of Residency
- Proof of Birth Certificate or Passport
- Immunizations

Transportation:

- No Transportation required
- Additional/Extended Bus Route
- Reimbursing Family
- District Bus Procedures adequate
- Special Education Bus/Van
- Other (specify): _____

Other needs:

- School Clothing
- Backpack
- Free/Reduced meals not needed at this time
- Other _____
- _____

Person completing form (PRINT)

date

Signature

date

Revised: 8/23/2016

