

100 North First Street, E-222  
Springfield, Illinois 62777-0001

**WELLNESS DEPARTMENT**

DISTRICT NAME AND NUMBER (District of Origin)		DATE
ADDRESS (Street, City, State, ZIP Code)		MCKINNEY-VENTO LIAISON NAME
TELEPHONE (Include Area Code)	FAX (Include Area Code)	EMAIL
DISTRICT NAME AND NUMBER (Resident District)		MCKINNEY-VENTO LIAISON NAME
ADDRESS (Street, City, State, ZIP Code)		EMAIL
NAME OF STUDENT	GRADE	SCHOOL OF ATTENDANCE
CURRENT ADDRESS		TELEPHONE (Include Area Code)
NAME OF STUDENT	GRADE	SCHOOL OF ATTENDANCE
CURRENT ADDRESS		TELEPHONE (Include Area Code)

Name of Caregiver: \_\_\_\_\_  Unaccompanied Youth: youth who is not in physical custody of parent or guardian

Please check the appropriate box for living arrangements:

- Doubled-up     
  Shelter     
  Train or bus station, park, or in a car  
 Hotel/motel, camping ground or other similar situation  
 Disaster victim      Explain: \_\_\_\_\_

Is there a current Order of Protection or No Contact Order which concerns this student?  Yes  No

Transportation options considered:

- District provided transportation     
  No transportation is needed     
  Taxi  
 CTA Bus Pass     
  Outside Contractor     
  Other: \_\_\_\_\_  
 Metra Train Pass     
  Parent Gas Card  
 Public Transportation

Additional Information: \_\_\_\_\_

The District(s) intend to provide transportation in the following manner: \_\_\_\_\_

Daily Arrangements: \_\_\_\_\_ Estimated daily cost: \$ \_\_\_\_\_

Date McKinney-Vento transportation will begin: \_\_\_\_\_ Date to review transportation needs: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

\_\_\_\_\_  
*Digital or Original* Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Digital or Original Signature* of McKinney-Vento Liaison for Resident District

\_\_\_\_\_  
Date