



**OFFICE OF FEDERAL PROGRAMS**  
 McKinney-Vento Act, Families in Transitions Program  
 Phone: (907) 746-9228 Fax: (907) 746-9290

Please email completed form to [FIT@matsuk12.us](mailto:FIT@matsuk12.us)

*Mission: Mat-Su Borough School District prepares students for success*

**(ALL INFORMATION IS CONFIDENTIAL)**

**Student**

Last Name  First Name  Preferred Name

Student ID#

School  Grade  Age  Date of Birth

Is this an unaccompanied Youth? Yes  No  Is this youth remaining in school of origin? Yes  No

Does this student have children Yes  No

Parent/Guardian Name  Phone  Cell

**Family**

**Please list all siblings 0 to 21 years old, enrolled in school or not:**

Sibling Name	<input type="text"/>	DOB	<input type="text"/>	Grade	<input type="text"/>	ID #	<input type="text"/>	School	<input type="text"/>
Sibling Name	<input type="text"/>	DOB	<input type="text"/>	Grade	<input type="text"/>	ID #	<input type="text"/>	School	<input type="text"/>
Sibling Name	<input type="text"/>	DOB	<input type="text"/>	Grade	<input type="text"/>	ID #	<input type="text"/>	School	<input type="text"/>

The term "in transition" describes individuals who lack a fixed, regular and adequate nighttime residence.

**Please check the one description below that best fits this student's situation:**

Living with; a friend, relative, or someone else because they lost their home or can't afford a home

Family/Friend Name  Address

- Living in**
- Staying in a hotel or motel
  - Emergency or Transitional
  - Domestic Violence Shelter
  - Youth or Runaway Shelter
  - Staying in substandard housing
    - No Water
    - No Electricity
    - Poor Insulation
  - Living in car
  - park or public place
  - Overcrowded
  - campground or inadequate trailer home
  - Other

**Notes**

- Recommended Support/Actions**
- Academic Support
  - Transportation
  - Free Lunch
  - Clothing
  - Winter Clothing
  - Shoes shoe size
  - Laundry
  - School Shower
  - Other
  - CCS Referral
  - Housing Referral Letter
  - General Verification Referral
  - Enrollment assistance
  - FASFA verification letter
  - School Supplies  Backpack
  - Hygiene Supplies
  - School Participation Fees
  - Professional Services Collaboration
  - Unaccompanied Youth Case Management

**Clothing Sizes**  
\*Please include sibling sizes as well

**Other Shoe Sizes**

Name of person completing this form

Thank you for taking the time to complete this form. Once completed please fax to (907) 746-9290 or e-mail to [Wendy.dodge@matsuk12.us](mailto:Wendy.dodge@matsuk12.us).

This student qualifies under McKinney-Vento: \_\_\_\_\_  
 FIT Coordinator/ McKinney-Vento Liaison Signature