

**Education for Homeless Children and Youth  
STUDENT NEED ASSESSMENT AND ACTION PLAN**

**WALATOWA HIGH CHARTER SCHOOL**

**Parent/Guardian Contact Information**

Name: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please list ALL children (birth through 21 years of age) in your care.**

Name	Grade	Age	Date of Birth	Current or Last School Attended	Student ID Number (if applicable)

**How can we best support you and your child/children?**

<p><b><u>Enrollment Documentation</u></b> (What types of documents do you have available for school enrollment?)</p> <p><input type="checkbox"/> Birth certificate</p> <p><input type="checkbox"/> Immunizations</p> <p><input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> Proof of residency</p> <p><input type="checkbox"/> Other: _____</p>	<p><b><u>Health Information</u></b> (What types of health assistance would be helpful to you and your child/children?)</p> <p><input type="checkbox"/> Medicaid/PEMOSA</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Mental Health/Behavioral Health</p> <p><input type="checkbox"/> Reproductive health/pregnancy</p> <p><input type="checkbox"/> Other: _____</p>	<p><b><u>Basic Needs</u></b> (In what areas would you like assistance for you and your child/children?)</p> <p><input type="checkbox"/> School supplies</p> <p><input type="checkbox"/> Hygiene products</p> <p><input type="checkbox"/> Clothing/Uniform/PE shoes</p> <p><input type="checkbox"/> Food/Afterschool/weekend meals</p> <p><input type="checkbox"/> Child care</p> <p><input type="checkbox"/> Other: _____</p>
<p><b><u>Housing/ Utilities</u></b> (Is assistance needed in any of these areas?)</p> <p><input type="checkbox"/> Emergency Shelter/Safety</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Furniture</p> <p><input type="checkbox"/> Utilities</p> <p><input type="checkbox"/> Other: _____</p>	<p><b><u>Transportation</u></b> (Is assistance needed in any of these areas?)</p> <p><input type="checkbox"/> School bus</p> <p><input type="checkbox"/> Bus fares</p> <p><input type="checkbox"/> Reimbursement for gas</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Other: _____</p>	<p><b><u>Legal</u></b> (Is legal assistance needed?)</p> <p><input type="checkbox"/> Guardianship</p> <p><input type="checkbox"/> Emancipation</p> <p><input type="checkbox"/> Orders of Protection</p> <p><input type="checkbox"/> Custody/Child Support</p> <p><input type="checkbox"/> Other: _____</p>



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Student Action Plan – (Enter Student’s Name) - _____				
What does the student need?	What strategy will we use to assist in meeting that need?	Who is responsible for the strategy?	Are any supports needed to complete the strategy?	When will it be done?

*\*Duplicate page as needed for additional students.*

**Meeting Attendees**

_____	_____	_____	_____
Printed Name	Signature	Role	Date
_____	_____	_____	_____
Printed Name	Signature	Role	Date
_____	_____	_____	_____
Printed Name	Signature	Role	Date
_____	_____	_____	_____
Printed Name	Signature	<u>Homeless Liasion</u> Role	Date

<b>For Office Use Only:</b> <input type="checkbox"/> Referral for Free Meals <input type="checkbox"/> Entered in database/STARS (even if services not accepted)
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