

Students in Temporary Living Situations (STLS)

Service Initiation Form

(to be completed by school staff in private conversation with family or unaccompanied youth)

Click *File* and *Make a Copy* to open an editable version of this form. Create and save a new copy for every student.

School Name:			
Student Name (Last, First):		Student CPS ID:	
Birth Date (MM/DD/YYYY):		Current Grade Level:	
Enter primary nighttime address below. <i>No further documentation is required.</i>			
Street Address:			
City:		State, Zip:	
Boxes below are for office use only, to be completed by school staff.			
Dwelling Information (Right click on appropriate box to select check mark)			
<input type="checkbox"/> Shelter, transitional housing	<input type="checkbox"/> Doubled-up (e.g., living with family or friend due to economic hardship or similar reason)	<input type="checkbox"/> Unsheltered (e.g., cars, parks, campgrounds, temporary trailer, or abandoned building)	<input type="checkbox"/> Hotel/Motel
Status and Service Information			
Is the student an unaccompanied homeless youth (UHY) of any age (an unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the name of the school that the student attended when the student was permanently housed? <i>STLS Liaison enters this school in Aspen STLS page as <u>School of Origin 1</u></i>			
What is the name of the school that the student last attended (in some cases, this may be the name of the current school)? <i>(STLS Liaison enters this school in Aspen STLS page as <u>School of Origin 2</u>)</i>			
Is the caregiver or unaccompanied youth interested in being screened for public benefits (food stamps, healthcare, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the caregiver or UHY interested in a referral to a health exam immunization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have preschool or school aged siblings who are not enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Services Requested:			
<input type="checkbox"/> After School Tutoring	<input type="checkbox"/> Extra Curricular Program	<input type="checkbox"/> Referral to ODLSS Case Manager for evaluation	
<input type="checkbox"/> Hygiene Kit	<input type="checkbox"/> School Supplies	<input type="checkbox"/> Uniforms	
<input type="checkbox"/> Mental Health Referral	<input type="checkbox"/> Birth Records	<input type="checkbox"/> Referral to shelter or housing assistance	
Public Transportation			
Is student requesting public transportation assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of public transportation needed <input type="checkbox"/> CTA <input type="checkbox"/> Metra <input type="checkbox"/> Pace	
Other Transportation			
Hardship School Bus Requested (see separate application) <input type="checkbox"/> Yes <input type="checkbox"/> No		Out of District Transportation Requested (see separate application) <input type="checkbox"/> Yes <input type="checkbox"/> No	
By signing this form, I affirm that the information presented is true, complete, and accurate. I understand that knowingly or willfully providing false information regarding the residency of a child for the purpose of enabling that child to attend a school is a Class C misdemeanor.			
Parent/Guardian/Unaccompanied Student Name		Signature	Date

Instructions for school staff: Immediately enter the information from this form into the Aspen STLS page. All information on this form is confidential and should be obtained during private conversation with the family or unaccompanied youth. Distribute with the Notice of Rights of Homeless Students.

BLANK PAGE