

Must be filled out by Social Worker/School Staff—DO NOT give to parent to fill out.

McKinney-Vento Supply Request Form

Staff: Requesting Items: _____ School: _____ Date: _____

Parent/Guardian: _____ Phone: _____

Parent Pick-up: _____ Inter-School: _____ Delivered: _____ Case Worker: _____ Other: _____

Date delivered _____ Delivered by: _____ Date Picked up: _____ Picked up by: _____

(Enter size below for uniforms/Clothing

Student Name	Grade	School	Size	M/F	Child/Adult

Hygiene Products: ___ Yes ___ No #in Family _____

School Supplies: ___ Yes ___ No Back Pack: ___ Yes ___ No Birth Certificates: ___ Yes ___ No

Immunizations: ___ Yes ___ No

Student Name	ID#	Immunizations Needed:

Request Economy Corner Clothing Voucher: _____ Yes

Other:

Request completed by: : _____ Entered in HEMS: _____