Families in Transition Form

Check ONLY those that apply:

☐ Living in a shelter (code 10) Are you living without your parent/guardian? ☐ ☐
☐ Living with friends or relatives temporarily (code 13) Placed in Foster Care? ☐ ☐
☐ Living in a hotel or motel (code 14) ☐ ☐
☐ Unsheltered (code 15) Date: __________________
☐ Transitional Program through Housing Help (code 11)

If none of the above apply, please disregard this form

This form is to be completed by the responsible party for the student(s) listed below. Please list your contact information including your name, address and phone number(s):

Name(s) of Responsible Party

1. __________________________________________________________
2. __________________________________________________________

Phone Number(s):  Cell: __________________ Home: _______________ Work: __________________

Relationship to Student(s):
☐ Parent(s)  ☐ Legal Guardian  ☐ Person(s) acting as a parent in the absence of a parent or guardian
☐ Student (not living with parent/guardian)

Name of Student(s)  Building  Grade

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

Students and families who qualify as a Family In Transition may receive additional services such as:

♦ Immediate enrollment while receiving assistance retrieving birth certificates
♦ Immediate enrollment without a permanent address
♦ Students may continue to attend the same school they attended prior to the temporary move
♦ Transportation assistance is provided to and from school
♦ School supplies, clothing assistance and personal care items

For more information please contact: Families in Transition Coordinator Angela Pooley at (517) 266-4529

FOR OFFICE USE ONLY:
Start Date Entered in eSchool: __________________
Date Sent to FIT Coordinator: __________________
Notification Sent to Other Building(s): ☐
Free Lunch Marked in eSchool: ☐
Completed By: ________________________________

FIT COORDINATOR USE ONLY:
☐ Verified FIT Status
☐ Unapproved
Signature: _________________________________
Date: ________________________________
Form Returned to Building(s): ☐