

**ERCU #1 Families in Transition Program**  
*(in accordance with the McKinney-Vento Homeless Assistance Act)*  
**Registration/Enrollment Form**

(Please Print)

Student Name	Birth Date	Male (M) Female (F)	Grade	Ethnicity

**CONFIDENTIAL INFORMATION**

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- in a shelter
- with relatives or others due to lack of housing
- at a train or bus station, park, or in a car
- in a motel/hotel, camping ground, or other similar situation due to the lack of alternative adequate housing
- in abandoned apartment/building
- temporarily housed in shelter awaiting DCFS permanent foster care placement
- disaster victim? Explain \_\_\_\_\_
- Other

Is there a current Order of Protection or No Contact order which concerns this student: Yes No  
 (Circle)

\_\_\_\_\_ give permission for ERCU#1 staff to contact necessary local  
 Parent/Guardian

agencies and community resources for the purpose of facilitating services through Project Home.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature