

## **Families in Transition Form**

|  | Date:   |                           |
|--|---|---------------------------|
| Check ONLY those that apply:  ☐ Living in a shelter (code 10)  ☐ Living with friends or relatives temporarily (c  ☐ Living in a hotel or motel (code 14)  ☐ Unsheltered (code 15)  ☐ Transitional Program through Housing Help ( |   | rdian? 🗌 Y 🔲 N<br>🗍 Y 🔲 N |
| STOP If none of the  | e above apply, please disregard this form.  | ТОР                       |
| <ul><li>□ Parent(s)</li><li>□ Legal Guardian</li><li>□ Self</li></ul>  | $\square$ Person(s) acting as a parent in the absence of par  | ent or guardian           |
| Name(s)  | Address   |                           |
| 2  |   |                           |
| Cell Phone:  | Home Phone:   |                           |
| Name of Student(s)   | Building  | Grade                     |
| 1.   |   | -                         |
| 3.   | <del></del>   | <u>-</u>                  |
| 4.   | <del></del>   | _                         |
| <ul> <li>Immediate enrollment while receiving as</li> <li>Immediate enrollment without a perman</li> </ul>   | ent address ne school they attended prior to the temporary move and from school personal care items | <u> </u>                  |

For Office Use Only FIT Coordinator Use Only

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|---|--------------------------------------|
| Start date entered into system:                   | Verified FIT Status: □               |
| Date sent to FIT Coordinator:                     | Unapproved: □                        |
| Notification sent to other building(s): $\square$ | Signature:                           |
| Free lunch marked in system: $\Box$               | Date:                                |
| Completed by:                                     | Form returned to building(s): $\Box$ |