



CIS PARTICIPANT REGISTRATION

School Year 2020-2021

Campus: _____ Intent to Case Manage Student Non-Case Managed

Unique ID #: _____ Last Name: _____ First Name: _____

Middle Name: _____ Nickname: _____ Gender: M F DOB: _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Grade Level: _____ PC/ROI Received Date: _____

City: _____ County: _____ Zip: _____

Staff/Provider Assigned

Groups

Eligibility Criteria
<input type="checkbox"/> Alternative education program
<input type="checkbox"/> Delinquent Conduct
<input type="checkbox"/> Dept of Family and Protective Services
<input type="checkbox"/> Did not pass an assessment instrument
<input type="checkbox"/> Dropped out
<input type="checkbox"/> Eligible for free/reduced priced lunch
<input type="checkbox"/> Expelled
<input type="checkbox"/> Family conflict or crisis
<input type="checkbox"/> Gr 7-12: Failure in 2 or more core courses
<input type="checkbox"/> Gr Pre-K-3: Did not pass a readiness test
<input type="checkbox"/> Homeless
<input type="checkbox"/> Incarcerated parent/guardian
<input type="checkbox"/> Limited English Proficiency (LEP)
<input type="checkbox"/> Local eligibility criteria (Satisfies 29.081(g))
<input type="checkbox"/> Not advanced from one grade level to the next (Retained)
<input type="checkbox"/> Parole/probation
<input type="checkbox"/> Pregnant or a parent
<input type="checkbox"/> Residential placement facility
<input type="checkbox"/> Student previously incarcerated
<input type="checkbox"/> TANF recipient
<input type="checkbox"/> Case managed locally funded
<input type="checkbox"/> Student did not meet eligibility

Special Characteristics
<input type="checkbox"/> None
<input type="checkbox"/> In Foster Care
<input type="checkbox"/> JJAEP
<input type="checkbox"/> Migrant Family
<input type="checkbox"/> Military Family
<input type="checkbox"/> Natural Disaster Victim
<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Special Education

Public Assistance	
<input type="checkbox"/> None	<input type="checkbox"/> CHIP
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Public Housing	<input type="checkbox"/> SSI
<input type="checkbox"/> WIA	<input type="checkbox"/> WIC

Household Income
Number of Persons in Household _____
HUD Determination of Income
<input type="checkbox"/> < 30% <input type="checkbox"/> 60-80%
<input type="checkbox"/> 30-50% <input type="checkbox"/> > 80%
<input type="checkbox"/> 50-60%

Parent/Guardian Contact	Alternate Contact
Last Name: _____ First Name: _____	Last Name: _____ First Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Email: _____	Email: _____
Primary Phone: _____ Secondary Phone: _____	Primary Phone: _____ Secondary Phone: _____

Comments: _____