

MCKINNEY-VENTO REFERRAL

Date: _____

Person Making Referral: _____ Position: _____

School/Agency: _____

Address: _____

Phone: _____ E-mail Address: _____

STUDENT INFORMATION:

I have identified a student who may be experiencing homelessness (**lacking a fixed, regular, and adequate nighttime residence**) and would like to make a referral to the:

Homeless Education Liaison: _____ School District: _____

Student(s) Name(s): _____

School in which student was last enrolled (school of origin): _____

Grade Level: _____ Student's Phone #: _____

Student's current address: _____

REASON FOR REFERRAL:

- Shelter Resident
- Shared Housing (Doubled Up)
- Transitional Housing
- Motel or Hotel Resident
- Campground/Tent
- Unsheltered
- Awaiting foster care or new foster care placement within 6 months
- Unaccompanied Youth (not in the physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence)
- Other: _____

SUPPORT SERVICES NEEDED:

- Enrollment Assistance _____
- Tutoring or instructional support _____
- Transportation _____
- School Supplies _____
- Clothing _____
- Other _____
- Other _____
- Other _____
- Other _____

PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION

- I was notified about the McKinney Vento rights and services my child may be eligible for in school.
- I give permission for _____ to share my living situation to _____ in order to learn more about what supports and services my child may be eligible for while our housing is in transition.
- No information about my child's health, medical needs, mental health or domestic violence will be shared unless I sign a separate release of information.

Parent/Guardian Signature: _____ Relationship to student: _____

Phone Number where I can be reached: _____

Date Liaison received referral: _____