

Mc Kinney-Vento Homeless Referral

(one form per family)

Homeless Liaison:

Contact Information:

Date:

School-Aged Children (Please list oldest child first)

Student Last/First Name	Birthdate	Special Ed.	School Enrolled	Grade	Gender
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> M <input type="checkbox"/> F
Non-School Aged Children Last/First Name	Birthdate	Early Childhood	School Enrolled	Gender	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

Last School Attended: _____

Lives With:	Last Name	First Name	Address (city, state, zip)	Home Phone	Work Phone
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Other					
<input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other (Specify) _____					

What Services are needed by family:

Areas of Educational and Related Services:

- Transportation
- School Supplies
- Help with enrollment
- Tutoring or other instructional support
- Counseling (individ. or group)
- Activity Fees
- Special Education (List area(s) _____)
- Gifted or Talented Programs
- Pre-school Programs
- After-school Programs
- Other Languages Spoken (Bilingual/ESL)
- School/health records needed
- Special Security/Safety Issues
- Truancy Issues
- Other *Specify:* _____

Areas the district will provide family assistance:

- Referral for Community Resources
 - Medical, Dental and Other Health Services
 - Mental Health Services
 - Food and Clothing
 - Housing Support
- Addressing needs related to domestic violence
- Parent education related to rights/resources
- Other *Specify:* _____

Family/Student Living:

- Doubled-Up
- In a motel/hotel
- In a shelter/transitional living program
- Unsheltered (e.g., cars, parks, etc.)
- Awaiting Foster Care placement
- Runaway child or youth
- Unknown

Please explain what is specifically needed from each category (If more space needed use back of page):

Referred by:	Title/Agency:	Phone No.:
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