

Homeless Referral Process

- The Student Residency Questionnaire (Form 1) should be completed by/for each student.
- Once the information is analyzed and a student is identified as homeless, the homeless referral form (Form 2A or 2B) should be completed. Forms should be submitted to the central office.
- Once the central office reviews the form. The school will be notified to input proper identification into INOW.
- The counselors should then complete the Homeless Needs sheet. This form should be completed as often as there is a need. (Form 3)

The counselors and the Federal Programs Department will communicate by phone and email to expedite this process. Therefore, students can receive immediate service.



Student Residency Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact school.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____/_____/_____
Month Day Year Age: _____

Sex: _____ Male _____ Female _____

The answers to the following Questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Do you live in any of these following situations sharing the housing of others due to: (Check one)

_____ Loss of housing

_____ Economic hardship

_____ Long-term, cooperative living arrangement to save money or a similar reason

_____ Motel, car, campsite

_____ As a student are you living with someone other than your parents or legal guardian

2. If you answer YES to any of the above questions, please complete the remainder of this form

If you answer NO to all of the above questions, you may stop here.

ADDRESS /OR GENERAL ADDRESS _____

PHONE OR CONTACT NUMBER _____

3. Please list any other siblings/age in the household:



Referral to Homeless Education Liaison
For teachers, counselors, or other school personnel

Date: _____

Person Making Referral: _____

School/Agency and Position: _____

Address: _____

Phone: _____ E-mail Address: _____

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.

STUDENT INFORMATION:

Student(s) Name(s): _____

Name of Current School: _____ #of other sibling living in home: _____

Grade Level: _____ Student's Phone#: _____

Please list siblings names and ages:

Student's current address: _____

Parent or Guardian's Name: _____

REASON FOR REFERRAL: Please check and provide details if available.

____ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as double-up)

____ Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations.

____ Living in emergency or transitional shelters

____ Abandoned in hospital

____ Student is living with someone other than his or her parents or legal guardian

Counselor's Signature _____ Principal's Signature _____

Date Liaison receive referral: _____



**Referral to Homeless Education Liaison
For non-school personnel
REFERRAL FORM**

STUDENT INFORMATION:

Date: _____

Student (s) Name(s): _____ Male _____ Female _____

School in which student was last enrolled _____

Grade Level: _____

Student's current address: _____

Student's Phone#: _____

Number of other sibling living in home: _____

Please list siblings names and ages:

Parent or legal guardian _____

REASON FOR REFERRAL: Please check appropriate

_____ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as double-up)

_____ Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations.

_____ Living in emergency or transitional shelters

_____ Abandoned in hospital

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.

Signature of person making referral

or

Signature of Parent

Counselor's Signature _____ Principal's Signature _____

Date Liaison receive referral: _____



McKinney-Vento Needs Inventory Sheet

(Please complete this form and return to Cynthia Thomas as often as needed for MV students)

Student's Name _____ Grade _____ School _____

Services Provided:

Please check all that apply (at this time)

_____ Funds for field trips

Explain _____

School Supplies

_____ Notebooks

_____ Notebook Paper

_____ Pencils

_____ Crayons

_____ Books

_____ Book Bags

_____ Calculators

_____ Other _____

Toiletries

_____ Lotion

_____ Deodorant

_____ Soap

_____ Toothbrush

_____ Toothpaste

_____ Towels

_____ Detergent

_____ Other _____

Clothing

_____ Uniform Shirt (Size _____)

_____ Uniform Pants (Size _____)

_____ Coat (Size _____)

_____ Tshirts (Size _____)

_____ Underwear (Size _____)

_____ Belt (Size _____)

_____ Other _____

OTHER (PLEASE EXPLAIN) _____

Received by (Print Name) _____ Signature _____ Date _____