

## Homeless Student Data Information 2019-20

**This form is a fillable PDF document and should be completed electronically. Please type the information in the provided lines, save a copy to your computer if necessary and print the form.**

Referral Submitted by: \_\_\_\_\_ (your name)

School Name: \_\_\_\_\_ School Number: 280\_\_\_\_

**Student Name:** \_\_\_\_\_ **Gender:** \_\_\_M\_\_\_F

**Student Number:** \_\_\_\_\_ **Present Grade Level:** \_\_\_

**DOB:** \_\_\_\_\_ **Age:**\_\_\_

**Date LEA Enrolled:** \_\_\_\_\_

**Unaccompanied Youth:** \_\_\_Yes \_\_\_No

**Retained Previous Year:** \_\_\_Yes \_\_\_No

**Program Eligibility Date:** \_\_\_\_\_ The date the student was enrolled in the homeless program

**Program Withdrawn Date**\_\_\_\_\_ The date the student was withdrawn from the homeless program

**Student Nighttime Residency:** \_\_\_\_\_ **(Choose from 1-4 of the following list)**

1. **Shelters** –shelters, transitional housing, awaiting foster care
2. **Doubled-up** -sharing residence with others due to economic hardship, loss of housing, or other reasons (such as domestic violence)
3. **Unsheltered** -cars, temporary trailers including, FEMA trailers or abandoned buildings
4. **Hotels/Motels** -hotels/motels

Was this Student displaced because of: (Check only those that apply)

- Hurricane\_\_\_\_\_ (Name\_\_\_\_\_)
- Tornado\_\_\_\_\_
- Flood\_\_\_\_\_
- Other\_\_\_\_\_

### Additional Sibling Verification

<u>Student Name</u>	<u>Student ID</u>	<u>School / Not enrolled (NE)</u>

*Please submit the form to Dr. John Donlan at the Central Office*

**\*\*Do not send this form electronically. Use inter-office mail only\*\***

**For Central Office Use Only**

Reviewed by Director of Administrative Services: (DATE):\_\_\_\_\_ (Initials) \_\_\_\_\_

Reviewed by School Nutrition\_\_\_\_\_ (Initials)

Confirmed PowerSchool Entry\_\_\_\_\_ (Initials)