

Barre Unified Union School District  
**Referral to Homeless Education Liaison Form**

Date of Referral: \_\_\_\_\_ Person Making the Referral: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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:

Student's Name(s): \_\_\_\_\_

School(s) in which student(s) was (were) last enrolled: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

**Please be sure that Infinite Campus reflects the new address bases on this referral.**

**1. Reason for Referral (Please check all that apply and provide details if available):**

- Shelter Resident
- Shared Housing (Doubled Up)
- Motel or Hotel Resident (at \_\_\_\_\_)
- Unsheltered (Cars, Parks, Campground/Tent, etc.)
- Other: \_\_\_\_\_

**2. Does this student need any specific services (tutoring, stipends, materials) at this time?**

**YES                      NO**

**If YES, please specify:** \_\_\_\_\_

**3. Transportation Needed?    \_\_\_ YES    \_\_\_ NO**

Transportation arrangements made on \_\_\_\_\_ .

----- **FOR BSU USE ONLY** -----

School District: **Barre Unified Union**  
Phone: **802-476-5011 ext.1019**

Homeless Education Liaison: **Stacy Anderson**  
E-Mail: [sandebsu@buusd.org](mailto:sandebsu@buusd.org)

Date Liaison Received Referral: \_\_\_\_\_

Homeless Education Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data entered in Infinite Campus on (date): \_\_\_\_\_

Letter sent to parent(s) on (date) \_\_\_\_\_ via \_\_\_\_\_.