

Referral to Homeless Liaison

Date: _____

Person Making Referral _____

School or Agency and position _____

Address: _____

Email: _____

Phone: _____

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 Tupelo Public School District Homeless Liaison.

Student(s) name(s): _____

School in which student
was last enrolled

Grade Level

Student's Current
Address:

Parent or student
contact information if
available

	Reason for referral—check at left	Details if available
☐	Shelter Resident	
☐	Shared Housing (Doubled Up)	
☐	Motel or Hotel Resident	
☐	Unaccompanied Youth (not in physical custody of a parent or guardian (and lacking fixed regular and adequate nighttime residence)	
☐	Other	

Liaison Contact Information

Send form to:

Homeless Liaison: Jeni Chandler jdchandler@tupeloschools.com (662) 620-6193

Address: 72 S. Green Street, Tupelo MS 38804

Mailing Address: PO Box 557 Tupelo, MS 38802