

## McKinney-Vento Referral to District Liaison

Date: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Position: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### 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 District Liaison.

Student Name: \_\_\_\_\_

School in Which Student was Last  
Enrolled: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Parent(s)/Guardian(s) Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Reason For Referral:	Support Services Needed:
<input type="checkbox"/> Shelter Resident <input type="checkbox"/> Shared Housing (Doubled Up) <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Motel/Hotel Resident <input type="checkbox"/> Campground/Tent <input type="checkbox"/> Unaccompanied Youth (not in the physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence). <input type="checkbox"/> Other	<input type="checkbox"/> Enrollment Assistance <input type="checkbox"/> Tutoring or Instructional Support <input type="checkbox"/> Transportation <input type="checkbox"/> School Supplies <input type="checkbox"/> Clothing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

### PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION:

- I was notified about the McKinney-Vento rights and services my child may be eligible for in school.
- I give permission for \_\_\_\_\_ to share my living situation to the District Liaison in order to learn more about what supports and services my child may be eligible for while our housing is in transition.
- No information about my child's health, medical needs, mental health or domestic violence will be shared unless I sign a separate release of information.

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone # where I can be reached: \_\_\_\_\_ Date: \_\_\_\_\_