



Referral to Merced County Office of Education Project Stay

Date of referral: _____	
Name of referring agency _____	Contact Information _____
Name of referring individual _____	Phone number _____
	Email _____
Participant Name	Telephone Number
Mailing Address	Email
Date of birth _____	Age _____
Current Education Level:	
<input type="checkbox"/> In School-Grade _____	<input type="checkbox"/> HS Diploma
<input type="checkbox"/> Name of School Attending _____	<input type="checkbox"/> GED
	<input type="checkbox"/> Or highest grade completed _____
Submit referral to Lucia Tejada @ LTejada@mcoe.org 632 W. 13 th Street, Merced, CA 95341 209-381-5156	
Intake (For MCOE use only)	
<input type="checkbox"/> Category 1 Literally Homeless	<input type="checkbox"/> Category 2 Imminent Risk of Homelessness
	<input type="checkbox"/> Category 3 Homeless Under other Federal Statutes
Return form to the referring agency within 10 days.	
Referral Result:	<input type="checkbox"/> Eligible for services <input type="checkbox"/> Not eligible _____ <input type="checkbox"/> Participant did not appear
Signature Lucia Tejada, MCOE	Date