



Laramie County School District #2 Homeless Student Referral

Student First Name: _____ **Last Name:** _____

School Enrolled: _____ Prior School: _____

Date Enrolled: _____ Current Grade: _____

Do YOU feel this student would benefit from further assistance/free meals? Yes No

| | | | |
|---|-----|----|------------|
| <i>[District Office]</i> | | | |
| Was student approved Homeless in Prior Year(s)? | Yes | No | # of Years |

Please complete as much information as possible on the form below. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act, reauthorized by the Every Student Succeeds Act (ESSA) signed into law in December 2015. Forms should be turned in to the District Homeless Liaison Assistant (Heather Lerwick), District Homeless Liaison (Shannon Perlinski), School Secretary, or School Counselor.

Students without a fixed, regular, and adequate nighttime residence have the following Residency and Educational rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Current Living Situation

Is the student and/or their family currently living with other people? YES NO

Is the student and/or their family living in a motel/campground/tent, other? YES NO
 Hotel/Motel Campground Tent Other _____

Is the student and/or their family facing eviction? YES NO

Is the student's current living situation due to family financial hardship? YES NO

Is the student currently living with someone who is not his/her guardian? YES NO

Is the student currently living on their own? YES NO

Does the student/family move frequently? YES NO

Does the student have siblings/other students in the same house? YES NO

(Student Names): _____

Transportation

Does the student need transportation to/from school? YES NO

Does the student need transportation to/from activities? YES NO

Special Services

Does the student need special services (Title 1, gifted/talented, SPED)? YES NO

Referred by: _____

Date Referred: _____

LCSD#2 Homeless Referral Process

