

CCS MCKINNEY-VENTO ELIGIBILITY Referral

To be completed by CCS Staff

School: _____

Date: _____

School age Student(s) *(Use back if more space is needed)*

Student(s) Name	Date of Birth	Grade	School Student ID#

Sibling(s) under 5 years old:

Sibling(s) Name	Date of Birth	M/F	

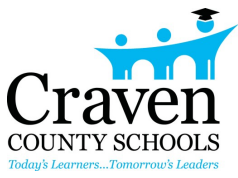
Sibling(s) ages 16-18 not enrolled in school

Sibling(s) Name	Date of Birth	M/F	

Parent(s)/Guardian(s): _____

Contact Number: _____

Staff/Community member completing this referral:



Current Living Situation: *Check One*

- Staying in a shelter (homeless, domestic violence, or FEMA housing).
- Sharing the housing of others due to loss of housing, economic hardship, “doubled up”.
- Inadequate, not fix lacking basic utilities (running water, protected from the elements)
- Living in a car, park, campground, public space, abandoned building, substandard housing.
- Temporarily living in a motel or hotel due to loss of housing or economic hardship.
- Unknown: Random nighttime residence, e.g. “couch surfing” with random friends and family.
- Other: _____

Unaccompanied Youth: (not in the physical custody of a parent or guardian) *Check One*

- (Yes) Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
- (No) Student(s) is living with a parent or guardian and does not meet the definition of “Unaccompanied Youth”.

Parent/UHY signature

Date

Staff Signature

Date

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Homeless Liaison Use Only

Approved

Denied

Liaison Signature

Date