English

Referral: Child or Youth who may be Homeless

Havre Public Schools

Referral: Child or Youth who may be Homeless

DISTRICT INFORMATION: Please give this referral form to the following person:

District Liaison: Cheryl Russell Phone: 406 395-8550

District Address: 425 6th Street,Havre MT 59501 Email: russellc@blueponyk12.com

REFERRAL SOURCE:

Name or Agency: _____ Title: _____

Email: _____ Phone: _____

STUDENT INFORMATION:
The following children or youth(s) may be homeless.

Student: _____
Current Address or Location: _____
Contact Information (Parent, Guardian, or Other): _____
Name of Current School or School Last Attended (if known): _____

REASON FOR REFERRAL
Please check one of the following as a reason for referral and indicate details. You may attach more information if necessary.

Where is the student currently living? (Please check one)

- ❑ In a motel or hotel due to loss of housing or financial hardship
- ❑ In an emergency shelter, transitional housing facility, or abandoned in a hospital
- ❑ Sharing another family's house or apartment
- ❑ In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or an abandoned building
- ❑ In a bus or train station
- ❑ Moving from place to place (couch surfing)
- ❑ In a public or private place not meant to be used as a regular place for people to sleep
- ❑ Other: _____

ADDITIONAL COMMENTS (include names of additional children in this family here):

OFFICE USE ONLY	
Date Referral Received:	Additional Comments/Information:

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