BAKERSFIELD CITY SCHOOL DISTRICT
1300 Baker Street, Bakersfield, CA 93305
Telephone: (661) 631-4910 • Fax: (619) 400-3583

Student Services Department
McKinney-Vento Program
Referral Form

REFERRING SCHOOL SITE AND/OR AGENCY INFORMATION

This is a referral form for school site and/or service providers to refer students to their homeless education liaisons to determine eligibility for services at their school site. Please complete this form and scan/email/fax: luquek@bcsd.com / (619) 400-3583

PLEASE DO NOT complete this form if family housing situation is FIXED, REGULAR, AND ADEQUATE (ex., if they rent, share housing for convenience, or if they are buying a house and do not need support services).

Referral Date: _____ Referring Person: _____

School/Agency: _____ Phone:_____Email: _____

Family/youth notified of referral: ☐ Yes ☐ No ☐ Maybe ☐ N/A

STUDENT INFORMATION: List all Children in household(*List oldest child first*) Use additional form if more space is needed

Last/First Name	DOB	Current or Last School Enrolled	Grade	SID

SERVICE INFORMATION: What educational and related services are you aware this family may need? (*check all that may apply*):

☐ Transportation for child/children to get to school
☐ Help with Enrollment
☐ School/health records needed
☐ Irregular attendance/Truant
☐ School Supplies
☐ Vision exam / eyeglasses
☐ School Clothes/Warm Winter clothes
☐ Support with immunizations
☐ Safety Issues/Concern
☐ Pre-school Programs
☐ After-school Programs
☐ Tutoring or Other Instructional Support
☐ Referrals to Outside Agencies (Food, Housing, Social Service, Mental Health)

FAMILY CONTACT & HOUSING INFORMATION

Parent/Guardian:_____Relationship to student: _____

Temporary Address of where student(s) are living:_____

Cell Phone:_____ Add'l Phone:_____

Email:_____Language Spoken: _____

The student(s) is/are (Check one box):

☐ ...in the physical custody of a parent or guardian.
☐ ...NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not student's legal guardian, living with other people)

Presently, what is the student(s) living situation? (Please check all that may apply):

☐ Sharing Housing (Doubled Up) with Family or Friends ☐ Hotels/Motels ☐ Unaccompanied Youth
☐ Emergency/Temporary/Short Term/Transitional Shelter ☐ Unsheltered (Cars, Parks, Campgrounds, etc.)
☐ Unsure, Student will not disclose ☐ Other (please describe) _____