

McKinney-Vento Referral to District Liaison

Date: _____

Person Making Referral: _____ Position: _____

School/Agency: _____

Address: _____

Phone #: _____

_____ Email: _____

STUDENT INFORMATION:

I have identified a student who may be experiencing homelessness (lacking a fixed, regular and adequate nighttime residence) and would like to make a referral to the District Liaison.

Student Name: _____

School in Which Student was Last Enrolled: _____

Grade Level: _____ Parent(s)/Guardian(s) Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Reason For Referral:	Support Services Needed:
☐ Shelter Resident	☐ Enrollment Assistance
☐ Shared Housing (Doubled Up)	☐ Tutoring or Instructional Support
☐ Transitional Housing	☐ Transportation
☐ Motel/Hotel Resident	☐ School Supplies
☐ Campground/Tent	☐ Clothing
☐ Unaccompanied Youth (not in the physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence).	☐ Other: _____
☐ Other	☐ Other: _____
	☐ Other: _____
	☐ Other: _____

PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION:

- I was notified about the McKinney-Vento rights and services my child may be eligible for in school.
- I give permission for _____ to share my living situation to the District Liaison in order to learn more about what supports and services my child may be eligible for while our housing is in transition.
- No information about my child's health, medical needs, mental health or domestic violence will be shared unless I sign a separate release of information.

Parent/Guardian Signature: _____

Relationship to Student: _____

Phone # where I can be Reached: _____ Date: _____