



TITLE VII, SUBPART B MCKINNEY-VENTO Homeless Assistance Act, as Reauthorized by TITLE IX, PART A OF ESSA
CONFIDENTIAL REFERRAL FORM

LEA: _____ School Year: _____ Date: _____
Student Name: _____ School: _____
Parent/Guardian: _____ ID# _____ IEP: ____ Yes ____ No
Gender (M / F) Race _____ DOB _____ Age ____ Grade ____ Phone Number _____
Temporary Address: _____ City: _____ Zip: _____
Referring Person: _____ Position: _____

Reason for referral: Problems listed below often prevent homeless children and youths from attending school. Please check all areas of concern which apply to the student identified above.

- School of origin: Yes ____ No ____
- Student lacks a permanent residence
- Student is unable to pay school fees
- Immunizations are needed
- Birth certificate is needed
- Excessive absences are a problem
- Lacks academic records and/or documentation
- Academic problems indicate a need for tutoring
- School supplies are needed
- Transportation to school is a problem
- Student/family needs assistance accessing community resources
- ____ Behavior indicates a need for mental health counseling
- School clothes are needed (Sizes: Shirt _____ Pants _____ Shoes _____ Other _____)
- Free lunch form needed
- Health problems are indicated
- Need Health Insurance (LA CHIP/Medical Card)
- Guardianship is a problem
- IDEA (gifted, talented, disabilities) services needed
- LEP/EL services needed
- Migrant services needed
- Need SNAP benefits (food stamps)
- Early childhood services or Higher Ed Services

Check all that apply:

- (1) Sheltered
- (2) Doubled-Up
- (3) Unsheltered/FEMA/ Substandard
- (4) Hotel/Motel

- Unaccompanied Youth: Yes ____ No ____

- 01 – Mortgage Foreclosure
- 02 - Flooding
- 03 - Hurricane
- 04 - Tropical Storm
- 05 - Tornado
- 06 - Wildfire or Fire
- 07 – Man-made Disaster (Major)
- 99 – Other:

(i.e., lack of affordable housing, long-term poverty, unemployment or under-employment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.)

COMMENTS:

Other Children in Home: _____

School Personnel Signature Date

Homeless Liaison Signature Date

**LIAISON'S SIGNATURE INDICATES STUDENT(S) MEETS TITLE IX, PART A REQUIREMENTS*

____ Copy Sent to District Homeless Liaison

____ Copy Placed in Student's Cumulative Record

(Revised 03/2019)