



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)
- 08- Eviction
- 09 Unemployment/ Loss of Job
- 10- Domestic Violence
- 11- Illness
- 99 – Other: \_\_\_\_\_

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 06/2020)