CESA #11 Sample Referral Form
<u>Mc Kinney-Vento Homeless Referral</u>
(one form per family)

Homeless Liaison:
Contact Information:
Date:

School-Aged Children (Please list oldest child first)

Student Last/First Name	Birthdate	Special Ed.	School Enrolled	Grade	Gender
		☐ yes ☐ no			☐ M ☐ F
		☐ yes ☐ no			☐ M ☐ F
		☐ yes ☐ no			☐ M ☐ F
		☐ yes ☐ no			☐ M ☐ F
		☐ yes ☐ no			☐ M ☐ F
		☐ yes ☐ no			☐ M ☐ F

Non-School Aged Children Last/First Name	Birthdate	Early Childhood	School Enrolled	Gender	
				☐ M ☐ F	
				☐ M ☐ F	
				☐ M ☐ F	
				☐ M ☐ F	

Last School Attended: _____

Lives With:	Last Name	First Name	Address (city, state, zip)	Home Phone	Work Phone
☐ Father					
☐ Mother					
☐ Other					
☐ Guardian ☐ Relative ☐ Other (Specify)					

What Services are needed by family:

Areas of Educational and Related Services:

☐ Transportation
☐ School Supplies
☐ Help with enrollment
☐ Tutoring or other instructional support
☐ Counseling (indiv. or group)
☐ Activity Fees
☐ Special Education (List area(s) _____
_____
☐ Gifted or Talented Programs
☐ Pre-school Programs
☐ After-school Programs
☐ Other Languages Spoken (Bilingual/ESL)
☐ School/health records needed
☐ Special Security/Safety Issues
☐ Truancy Issues
☐ Other *Specify:*

Areas the district will provide family assistance:

☐ Referral for Community Resources
    ☐ Medical, Dental and Other Health Services
    ☐ Mental Health Services
    ☐ Food and Clothing
    ☐ Housing Support
☐ Addressing needs related to domestic violence
☐ Parent education related to rights/resources
☐ Other *Specify:*

Family/Student Living:

☐ Doubled-Up
☐ In a motel/hotel
☐ In a shelter/transitional living program
☐ Unsheltered (e.g., cars, parks, etc.)
☐ Awaiting Foster Care placement
☐ Runaway child or youth
☐ Unknown

<u>Please explain what is specifically needed from each category (If more space needed use back of page):</u>

Referred by:	Title/Agency:	Phone No.: