



Confidential Referral Form

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



LEA: _____ School Year: _____ Date: _____

Student Name: _____ School: _____

Parent/Gaurdian: _____ 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

COMMENTS:

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
- 12- Financial Hardships
- 13-Lack of Affordable Housing
- 14- Unaccompanied Youth
- 15- Incarceration of Parent/ Guardian
- 16-Unsafe Living Conditions

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 07/2026)