



Specializing in educational solutions for lifelong learners



Homeless Outreach Specialist Program Referral Form

Navigator between school, community organizations, and families. Providing support for youth/families experiencing homelessness, under the McKinney Vento Act, to ensure the continuity of educational services for school aged children.

Student Name: _____ **DOB:** _____ **Grade:** _____

Name of Person Completing Form: _____ **Email:** _____

Relationship to Student: _____ **Phone:** _____

Parent/Guardian Name (if applicable): _____ **Phone:** _____

School District Currently Residing (if known): _____

	Names of other children in the home:	DOB:	Gender:	Grade:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**** If more space is needed please attach additional sheets. ****

Method of Identification (select one):

Self/Parent Identified Shelter Visit Staff Referral Survey Other

Precipitating Event (select one):

Abandonment Act of Nature/Natural Disaster Death of Parent/Guardian Eviction
 Domestic Violence Hospitalization of Parent/Guardian Incarceration of Parent/Guardian Fire
 Left Home/Runaway Parent Divorce/Separation Parental Job Loss/Loss of Income Military
 Separated from Family Other Poverty-Related Situation Unknown Other _____

Current Nighttime Residence Status (select one):

Doubled-Up (e.g., living with another family) Shelters, Transitional Housing, Awaiting Foster Care
 Unsheltered (e.g., cars, parks, campgrounds, temp trailer, or abandoned buildings) Hotels/Motels

What resources are needed by the student/family: (* Please indicate if referrals were made for these needs.)

Needs:	Referral Made:	Agency/Provider Name:
<input type="checkbox"/> School Supplies	_____	_____
<input type="checkbox"/> Food	_____	_____
<input type="checkbox"/> Transportation	_____	_____
<input type="checkbox"/> Clothing	_____	_____
<input type="checkbox"/> Referral to Early Childhood Programs	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Signature of Person Completing this form: _____ **Date:** _____