



TITLE X, PART C
MCKINNEY-VENTO CONFIDENTIAL REFERRAL FORM

Louisiana School District \_\_\_\_\_

Date \_\_\_\_\_ Not In School \_\_\_\_\_

Student \_\_\_\_\_ (M/F) Parent/Guardian \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed: Yes \_\_\_\_\_ No \_\_\_\_\_

S.S.# or I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone Number \_\_\_\_\_

Temporary Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Referring Person \_\_\_\_\_ Position \_\_\_\_\_

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

- \_\_\_ 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/ESL services needed
\_\_\_ Migrant services needed

Check all that apply:
[ ] Sheltered (1)
[ ] Doubled-Up (2)
[ ] Unsheltered/FEMA (3)
[ ] Hotel/Motel (4)
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 underemployment, lack of affordable, health care, mental illness, domestic violence, forced eviction, etc.

COMMENTS: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other children in home: \_\_\_\_\_

\_\_\_\_\_  
School Personnel Signature Date Homeless Liaison's Signature Date

\*LIAISON'S SIGNATURE INDICATES STUDENT(S) MEET TITLE X, PART C REQUIREMENTS

[ ] Copy sent to District Homeless Liaison

[ ] Copy Placed in Student's Cumulative Record