

## **Homeless Student Referral Form SY'17-18**

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part of C of the No Child Left Behind Act). The questions below assist in determining which services and supports DCPS must provide.

School Name:	Date:			
Student Name:		M/F:		
Grade: Student ID Number:			Age:	
Birth Date:// Student Phone Number:	Parent/Guard	Parent/Guardian Name:		
Parent/Guardian Phone/Cell Number:				
Temporary Address:				
[Street]	[City]	[State]	[Zip]	
Previous School Attended:				
	[School of Origin]			
Previous School Address:				
[Street]	[City] [State	2]	[Zip]	
Referring Person:	Position:			
Areas of concern or services needed (check all that apply Student is unable to pay school fees Immunizations are needed Excessive absences Lacks academic records/documents In need of school supplies In need of school transportation In need of resource referrals In need of medical attention In need of clothing/uniforms Possesses a current IEP (SPED) Possesses a current 504 Plan	following): Doubled-Up (liv Sheltered (living shelter, transiti Unsheltered (or Hotel/Motel (fa for short-term s Student Status (	Doubled-Up (living with someone temporarily) Sheltered (living in a community or domestic violence shelter, transitional housing, emergency shelter hotel) Unsheltered (on the streets/unfit building) Hotel/Motel (family or non-government agency is paying for short-term stay) Student Status (check all that apply): Unaccompanied (guardian not with student)		
NOTE: Housing status must be updated in Aspen**				
Received by:				
Home	less Liaison			

Please email a copy of this form to the Homeless Children and Youth Program Specialist using the contact information below:

Tierra Washington, Homeless Children and Youth Program Specialist, Tierra. Washington@dc.gov or (202) 576-9502