

Referral: Child or Youth who may be Homeless

DISTRICT INFORMATION: Please give this referral form to the following person:

District Liaison: _____ Phone: _____
District Address: _____ Email: _____

REFERRAL SOURCE:

Name or Agency: _____ Title: _____
Email: _____ Phone: _____

STUDENT INFORMATION:

The following children or youth(s) may be homeless.

Student: _____
Current Address or Location: _____
Contact Information (Parent, Guardian, or Other): _____
Name of Current School or School Last Attended (if known): _____

REASON FOR REFERRAL

Please check one of the following as a reason for referral and indicate details. You may attach more information if necessary.

Where is the student currently living? (Please check one)

- checkbox In a motel or hotel due to loss of housing or financial hardship
checkbox In an emergency shelter, transitional housing facility, or abandoned in a hospital
checkbox Sharing another family's house or apartment
checkbox In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or an abandoned building
checkbox In a bus or train station
checkbox Moving from place to place (couch surfing)
checkbox In a public or private place not meant to be used as a regular place for people to sleep
checkbox Other: _____

ADDITIONAL COMMENTS (include names of additional children in this family here):

Table with 2 columns: Date Referral Received, Additional Comments/Information. Header: OFFICE USE ONLY