

CONFIDENTIAL REFERRAL FORM

LEA: _____ School Year: _____ Date: _____

Student Name: _____ School: _____

Parent/Guardian: _____ 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

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

COMMENTS:

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 05/2022)