



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.

- ___ 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/ESL services needed
___ Migrant services needed
___ Need SNAP benefits (food stamps)

Check all that apply:
[] Sheltered (1)
[] Doubled-Up (2)
[] Unsheltered/FEMA (3)
[] Hotel/Motel (4)
[] Awaiting Foster Care Placement
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