

**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 \_\_\_\_\_ Sp Ed Y/N D.O.B. \_\_\_\_\_

S.S. # or I.D. # \_\_\_\_\_ 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
- \_\_\_ A 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
- \_\_\_ Guardianship is a problem
- \_\_\_ IDEA services needed \_\_\_\_\_ LEP/ESL services needed \_\_\_\_\_ Migrant services needed \_\_\_\_\_

**Check all that apply:**

- Doubled-Up/Unaccompanied Youth
- Hotel/Motel
- Unsheltered
- Sheltered

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

\_\_\_\_\_

(Other children in home: (Use back if necessary.) \_\_\_\_\_)

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

\*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