



2018-2019 Referral Form

This form may be completed by School District Staff or Parent/Guardian

Date: _____ Student Name:

Parent(s)/Guardian(s):

Current Address:
If in a motel/hotel, please ask for name of motel/hotel and room number

Phone#: Other contact info:

Verification of Residence *(for enrollment purposes)*

- Doubled-Up Motel/Hotel
- Unsheltered (car, campsite, rented trailer, motor home) Foster (please include paperwork)

Documentation Needed *(for enrollment purposes)*

- Birth Certificate Immunizations
- School Records Other: _____

Resources Needed *(check all that apply)*

- Housing Enrollment Medical/Dental Transportation/Tokens
- Food Childcare Public Assistance School Supplies _____
- Hygiene Counseling Employment After-School Activities
- School Uniform/Shoes Other: _____

Free/Reduced Meals? Yes NO

Names of all other children in the family under 18 yrs old:

Student Name	D.O.B	Grade	School	Pant/Shirt/Shoe Size

What is student's current living situation? (Please include location and who student is living with)

Are there any agencies assisting family?

 School Personnel Signature _____ Homeless Liaison's Signature _____ Date Entered