

Educational Services For Homeless/Transitional Students Confidential Referral Form <sup>3</sup>

**PARISH PUBLIC SCHOOLS  
EDUCATIONAL SERVICES FOR HOMELESS/TRANSITIONAL STUDENTS  
CONFIDENTIAL REFERRAL FORM**

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 \_\_\_\_\_

**\*THIS FORM IS TO BE COMPLETED ON HOMELESS/TRANSITIONAL STUDENTS\***

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 has not been returned
- Health problems are indicated
- Guardianship is a problem

***Check all that apply:***

- lives with: other family* \_\_\_\_\_
- substandard housing* \_\_\_\_\_
- mom* \_\_\_\_\_ *dad* \_\_\_\_\_
- other* \_\_\_\_\_ *self* \_\_\_\_\_
- highly mobile* \_\_\_\_\_
- resides in a shelter* \_\_\_\_\_
- doubled-up* \_\_\_\_\_



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

Other children in home: (Use back if needed)

**NOTE:** Return this form to (NAME OF LIAISON), Homeless Liaison for (PARISH) Parish Schools, at (ADDRESS), or send by FAX.

PHONE: (NUMBER) \_\_\_\_\_ FAX: (NUMBER) \_\_\_\_\_

Signature: \_\_\_\_\_  
Principal/Counselor/Teacher Homeless Liaison's Signature\*

**\*LIAISON'S SIGNATURE INDICATES STUDENT(S) MEET MCKINNEY-VENTO REQUIREMENTS**

<sup>3</sup> Louisiana Department of Education. (n.d.). *Educational services for homeless/transitional students confidential referral form*. Retrieved August 25, 2006 From: <http://www.doe.state.la.us/lde/uploads/2529.pdf>