



# STUDENT REFERRAL FORM

Please fill out **ONE REFERRAL FORM PER STUDENT** and fax to (517) 546-7047.

Date: \_\_\_\_\_ Referral Contact & Agency: \_\_\_\_\_ Referral Phone: \_\_\_\_\_

Student's Name	Gender	DOB	Grade	Special Education/ IEP/504	School Where Currently Enrolled	Date Started School	Participating In:
	Male Female			Yes No Needs evaluation			CTE Early College English Language Learner

Is the student living with parent/guardian? Yes No If no, student phone number: \_\_\_\_\_

If yes, parent/guardian's name & phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Is the parent/guardian a veteran? Yes No What district did the student previously attend? \_\_\_\_\_

How many siblings (living with student) are ages: Birth-2yrs: \_\_\_\_\_ 3-5yrs (not in head start or kindergarten): \_\_\_\_\_

Head Start: \_\_\_\_\_ Elementary School: \_\_\_\_\_ Middle School: \_\_\_\_\_ High School: \_\_\_\_\_

First & last name of siblings (living with student) and school attending (if applicable):

\_\_\_\_\_

\_\_\_\_\_

**Services Needed** (Liaison and School Ally: If you assist with a service, please initial)

Backpack: \_\_\_\_\_ (include color preference)

School supplies: \_\_\_\_\_ (include specific requests)

Clothing (circle one: Winter/Summer): \_\_\_\_\_ (items/size)

Socks: \_\_\_\_\_ (size) Underwear: \_\_\_\_\_ (size) Shoes: \_\_\_\_\_ (size)

Winter Coat: \_\_\_\_\_ (size) Winter gloves: \_\_\_\_\_ (size) Winter Boots: \_\_\_\_\_ (size)

Hygiene Kit Food Laundry Kit

Laundry Voucher Extra-Curricular Activities Field Trips

Graduation Costs Academic-related expenses Holiday gift program

Community Referrals Free/Reduced School Breakfast/Lunch

Transportation Needed: YES NO
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## TEMPORARY RESIDENCE STATEMENT

*This form helps determine eligibility under the federal McKinney-Vento Act. **Only 1 form per FAMILY needed.***

**Name of Student(s):** \_\_\_\_\_

**Name of Parent/Guardian/Caretaker (write NA if unavailable):** \_\_\_\_\_

1. **The student(s) temporarily stay(s) in one of the following situations:**

Emergency shelter (LACASA, The Connection, local agency paying for motel/hotel)

Transitional Housing

Motel/hotel (You're paying)

Shares housing (doubled up or "couch surfing") with family or friends **due to loss of housing, economic hardship or similar reasons**, such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.

Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital.

Another situation that is not fixed, regular or adequate: \_\_\_\_\_

2. **The reason for this living situation is:**

Unemployment

Evicted

Inadequate income

Fire/Natural disaster

Kicked out

Family conflict

Unsafe conditions

Other: \_\_\_\_\_

3. **Since this date:** \_\_\_\_\_, I have lived in this **temporary** address:

STREET

CITY

STATE

ZIP CODE

4. **For minor Unaccompanied Youth only:**

I understand that I am eligible to receive support from my school district and local community agencies through the McKinney-Vento Act. I also understand, I can contact my school liaison if I need anything throughout the school year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. **Please initial each paragraph below and sign (Parents, Caregivers, or Unaccompanied Youth over 18):**

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution. \_\_\_\_\_

The Education Project staff respects a client's right to privacy. To ensure the best services possible and compliance with federal law and state grant data reporting requirements, I give permission to the Education Project staff to release and exchange information with contractors working alongside The Education Project, school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) and community agencies that are assisting the student(s) or being asked to assist the student(s) as needed. This consent is voluntary and subject to revocation at any time. \_\_\_\_\_

I understand that this consent is valid for the remainder of the school year and I have received a copy and an explanation of the student's rights under the McKinney Vento Act. \_\_\_\_\_

Signature & Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_