Grant Parish School Board

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 _____

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 the Household:

Name	Date of Birth	Gender	Ethnicity

_____ _____ _____ _____
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