**McKinney-Vento Act (Homeless) Identification/Referral Form**



**Autauga County Schools**

Send completed form via fax or email to the District Homeless Liaison. Complete one form per family. Share completed forms with other schools as needed. Be reminded that information regarding homelessness is to be kept confidential.

**Autauga County Schools Homeless Liaison:**  Kristen Dial – Coordinator of Federal Programs

 Mailing Address: 153 West Fourth Street, Prattville, AL 36067

 Phone: 334-365-5706, ext. 10018 Fax: 334-361-3828

 E-mail: kristen.dial@acboe.net

I have identified a student who may be experiencing homelessness ***(lacking a fixed, regular, and adequate nighttime residence***) and would like to make a referral to the Homeless Liaison. (Signatures indicate student(s) meet requirements of McKinney-Vento Act.)

**Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information Related to School-Aged Children**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | **School** | **Grade** | **Last School Attended** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Parent/Guardian/Caregiver(s) Name:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check areas of concern that apply to identified student(s).**

\_\_\_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 instructional support

\_\_\_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 uniforms/clothes are needed

\_\_\_Free lunch form needed

\_\_\_Health problems are indicated

\_\_\_Guardianship is a problem

\_\_\_IDEA (gifted, talented, disabilities) services needed

\_\_\_EL services needed

\_\_\_Migrant services needed

\_\_\_Other *Specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Living Arrangements (check one)**

* In a shelter
* Doubled-up
* In a hotel/motel
* Unsheltered
* Other *Specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Definitions:***

**Shelter** – includes children and youth living in emergency shelters, transitional living programs.

**Doubled-up** – sharing the housing of other persons due to loss of housing economic hardship, or a similar reason. This category includes children, youth, and unaccompanied youth who live with relative, friends, boyfriends, girlfriends, etc. – because they cannot afford housing on their own.

**Hotels/Motels** – children, youth and unaccompanied youth who are temporarily living in hotels and motels because they cannot afford other types of housing.

**Unsheltered** – children, youth or accompanied youth who live in abandoned buildings or apartments, bus or train stations, campgrounds, cars, parks, public spaces, trailer parks, children abandoned in hospitals, and children and youth who live in substandard or inadequate housing.

* Homeless status marked in PowerSchool
* District liaison contact information shared with parent/guardian
* Resource list shared with parent/guardian
* Copy sent to District Homeless Liaison

Additional Comments: