

ALLEN PARISH PUBLIC SCHOOLS
TITLE X, PART C
MCKINNEY-VENTO CONFIDENTIAL REFERRAL FORM

Student _____ <small style="text-align: center;">Last First MI</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B. _____ Age: _____ Grade: _____
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Race: Black, Not of Hispanic Origin White, Not of Hispanic Origin Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

School Student is Enrolling in? → _____
 Last School Attended? → _____

Educational / Personal Needs of This Child: To be filled in by the guardian. *(Check all that apply.)*

Problems listed below often prevent homeless children and youth from attending school. Please check the areas of concern that apply to the student identified above.

- School supplies are needed. (Please attach School Supply List for this student.)
- School clothes are needed. Sizes: Shirt _____ Pants _____ Shoes _____
Uniform Colors: *Shirt:* _____ *Pants:* _____
- Student is unable to pay school fees. Amount: \$ _____
- Student/Family needs assistance accessing community resources.
- Student needs to see the School Counselor.
- Student has health issues and needs to be seen by the School Nurse.
- Behavior indicates a need for mental health services.
- Immunizations are needed.
- Birth Certificate is needed.
- Excessive absences are a problem.
- Lacks academic records and/or documentation.
- IDEA Services Needed (gifted, talented, disabilities)
- Need Health Insurance (LA CHIP/Medical Card).
- LEP/ESL Services Needed
- Student lacks a permanent residence.
- Migrant Services Needed
- Transportation to school is a problem. (Bus # _____)
- Need SNAP benefits (food stamps)
- Guardianship is a problem.

CONTACT INFORMATION - To be filled in by Parent/Guardian/Adult Caring for Student

Print Parent/Guardian/Adult Care Giver _____	Signature _____	Date _____
(Area Code) Phone Number _____	Mailing Address _____	City _____ State _____ Zip _____

District Use Only (Check all that apply.)

Homeless Code	Reason Code
<input type="checkbox"/> Sheltered - #48 <input type="checkbox"/> Doubled-Up - #49 <input type="checkbox"/> Unsheltered/FEMA - #50 <input type="checkbox"/> Hotel/Motel - #51 <input type="checkbox"/> Awaiting Foster Care - #48 Unaccompanied Youth: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 01 - Mortgage Foreclosure <input type="checkbox"/> 02 - Flooding <input type="checkbox"/> 03 - Hurricane <input type="checkbox"/> 04 - Tropical Storm <input type="checkbox"/> 05 - Tornado <input type="checkbox"/> 06 - Wildfire or Fire <input type="checkbox"/> 07 - Man-made Disaster (Major) <input type="checkbox"/> 99 - Other (Check specifics below.) <input type="checkbox"/> Lack of Affordable Housing <input type="checkbox"/> Long-term Poverty <input type="checkbox"/> Unemployment or Underemployment <input type="checkbox"/> Lack of Affordable Healthcare <input type="checkbox"/> Mental Illness <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Forced Eviction <input type="checkbox"/> Incarcerated Parent

District Personnel in Charge of Coordinating Educational Services

Jennifer Manuel _____ Name of Title I Director	_____ _____ Signature of Title I Director / Homeless Liaison	_____ _____ Date
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