**Pleasants County Schools**

**McKinney-Vento Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name****Last/First** | **DOB** | **WVEIS #** | **School Enrolled****BES/SMES/PCMS/SMHS** | **Grade/****Age** | **Gender****M/F** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Lives With**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name****Last/First** | **Role****Parent/Guardian/****Relative/Other** | **Address** | **Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reason for Referral**

|  |  |
| --- | --- |
|  | **Family/Student Living** |
|  | Doubled-up |
|  | In a motel/hotel |
|  | In a shelter/transitional living |
|  | Unsheltered (I.e. cars, parks, etc.) |
|  | Runaway child or youth |
|  | Unknown |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please provide any additional information/suggestions for services on the back of this page.**

Consider the following: transportation to school, school supplies, help with enrollment, tutoring or other instructional support, counseling, activity fees, special education, pre-school programs, after-school programs, ESL, school/health records needed, special security/safety issues, truancy issues, etc.

Form Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form to the PCS Homeless Liaison: Amanda Mote