



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## MCKINNEY-VENTO HOMELESS EDUCATION REFERRAL TO HOMELESS EDUCATION LIAISON

### WELLNESS DEPARTMENT

#### DISTRICT INFORMATION

SCHOOL DISTRICT NAME AND NUMBER		HOMELESS LIAISON	
ADDRESS (Street, City, State and Zip Code)		ADDRESS (Street, City, State and Zip Code)	
TELEPHONE (Include Area Code)	E-MAIL	TELEPHONE (Include Area Code)	E-MAIL

#### PERSON MAKING REFERRAL

DATE		PERSON MAKING REFERRAL	
SCHOOL/AGENCY NAME		SCHOOL/AGENCY ADDRESS (Street, City, State and Zip Code)	
TELEPHONE (Include Area Code)	E-MAIL		

#### STUDENT INFORMATION

STUDENT NAME	GRADE	CONTACT (Parent, Guardian, Other)
ADDRESS (Street, City, State and Zip Code) (if available)		LAST SCHOOL ATTENDED

COMMENTS:

#### REASON FOR REFERRAL

Please check one of the following as a reason for referral and indicate details. You may attach additional information if necessary.

- ☐ Shelter resident: \_\_\_\_\_
- ☐ Shared Housing (Doubled up): \_\_\_\_\_
- ☐ Motel/Hotel resident: \_\_\_\_\_
- ☐ Campground/Tent: \_\_\_\_\_
- ☐ Unaccompanied Youth (not in the physical custody of parent/guardian and lacking a regular, fixed, nighttime residence): \_\_\_\_\_
- ☐ Substandard housing: \_\_\_\_\_
- ☐ In a place not designated for ordinary sleeping accommodations, such as car, park, or campground: \_\_\_\_\_
- ☐ Other (please describe): \_\_\_\_\_
- ☐ Please check this box if you are adding additional pages.

\_\_\_\_\_  
**Original** Signature of Person Making Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

#### ISBE USE ONLY

Date Referral Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_