

CONFIDENTIAL REFERRAL FORM

LEA: **CADDO** School Year: **2023-2024** Date: _____

Student Name: _____ School: _____

Parent/Guardian: _____ ID# _____ IEP: ____ Yes ____ No

Gender: ☐ M ☐ F Race: _____ DOB: _____ Age: _____ Grade: _____ Phone Number: _____

Temporary Address: _____ City: _____ Zip: _____

Referring Person: _____ Position: _____

Reason for referral: Problems listed below often prevent homeless children and youths from attending school. Please check all 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/EL services needed
- ☐ Migrant services needed
- ☐ Need SNAP benefits (food stamps)
- ☐ Early childhood services or Higher Ed Services

Check all that apply:

- ☐ (1) Sheltered
- ☐ (2) Doubled-Up
- ☐ (3) Unsheltered/FEMA/Substandard
- ☐ (4) Hotel/Motel

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)
- ☐ 08- Eviction
- ☐ 09- Unemployment/ Loss of Job
- ☐ 10- Domestic Violence
- ☐ 11- Illness
- ☐ 12- Financial Hardships
- ☐ 13- Lack of Affordable Housing
- ☐ 14- Unaccompanied Youth
- ☐ 15- Incarceration of Parent/ Guardian
- ☐ 16- Unsafe Living Conditions

COMMENTS:

Other Children in Home: _____

School Personnel Signature _____ Date _____

Homeless Liaison Signature _____ Date _____

**LIAISON'S SIGNATURE INDICATES STUDENT(S) MEETS TITLE IX, PART A REQUIREMENTS*

Copy Sent to District Homeless Liaison

Copy Placed in Student's Cumulative Record

(Revised 05/2022)

Date _____

Disclaimer: This referral is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C- Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX Part C, Federal McKinney-Vento Assistance Act, 42 U.S. C. 11435. Eligibility can be determined by completing this referral. *It is illegal to knowingly make false statements on this form. If it is found that false statements have been made, students will be immediately returned to the school in the district in which they are actually residing.*

Signature _____

Parent's email address: _____

Two emergency contact numbers: (name, number, & relationship to student) _____

PLEASE ANSWER THE QUESTIONS BELOW REGARDING YOUR LIVING SITUATION

Have you spoken with an Attendance Supervisor or the Director of Attendance before coming to our office? Check ____ Yes or ____ No

Name of person spoken with _____

Student's Previous School: _____ City/State: _____

Whom are you living with: _____ Relationship: _____

Contact Number for the individuals(s) you are living with: _____

How long have you been at this residence? _____ Do you plan to move soon? Circle Yes or No

What happened to your residence? (Write a brief description please) _____

Previous address: _____ City/State: _____

Where would you go if you couldn't stay where you are? _____

Do you need assistance finding a place to live? Circle Yes or No