



**Transitory Services (Education of Homeless Children and Youth Program)**

(202) 654-6123 | Fax: (202) 299-2136 | www.osse.dc.gov

**Title X Part C McKinney-Vento  
Confidential Referral Form**

School Name: ..... Date: .....

Student: ..... M/F: .....

Grade: ..... Unique Student Identifier Number (USI): .....

Age: ..... Birth Date: ..... Phone Number: .....

Temporary Address: ..... City: ..... Zip: .....

Last School Attended: ..... School ID Number: .....

[School of Origin]

Location of School: ..... [City] ..... [State] ..... [Zip]

Referring Person: ..... Position: .....

***Please check all that apply for the following areas of concern relevant to the student:***

**Areas of Concern or Services Needed (check all that apply):**

- Student lacks a permanent residence.....
- Student is unable to pay school fees.....
- Immunizations are needed.....
- Excessive absences.....
- Lacks academic records/documents.....
- Experiencing academic delays.....
- In need of school supplies.....
- In need of school transportation.....
- In need of resource referrals.....
- In need of medical attention.....
- In need of clothing/uniforms.....
- In need of academic assessment.....
- Possesses a current I.E.P. (SPED).....

**Night Time Residency Status (You must select one of the following):**

- Doubled-Up (living with someone temporarily).....
- Unaccompanied (guardian not with student).....
- Sheltered (living in a community shelter).....
- Unsheltered (on the streets/unfit building).....
- Hotel/Motel.....
- Awaiting Foster Care.....

IDEA ..... LEP/ESL ..... 504 ..... Home Bound ..... Migratory ..... Other: .....

Other children in the home (list names and ages):.....

School Based Liaison: ..... [Name] ..... [Phone]

..... Electronically submitted to OSSE

..... Copy attached to enrollment forms

**For more information please contact:**

► **Nicole Lee-Mwandha** Homeless Education State Coordinator, [transitory.services@dc.gov](mailto:transitory.services@dc.gov) or 202.654.6123