



Transitory Services (Education of Homeless Children and Youth Program)

(202) 741-6412 | Fax: (202) 741-0227 | 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]

Referring Person: Position:

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

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

Services needed:

Student lacks a permanent residence

Possesses a current I.E.P. (SPED)

Hotel/Motel

Doubled-Up (living with someone temporarily)

Experiencing academic delays

Student is unable to pay school fees

In need of school supplies

Unaccompanied (guardian not with student)

In need of school transportation

Immunizations are needed

In need of resource referrals

Sheltered (living in a community shelter)

In need of medical attention

Excessive absences

In need of clothing/uniforms

Unsheltered (on the streets/unfit building)

Completed academic assessment

Lacks academic records/documents

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

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

School Based Liaison: [Name] [Phone]

..... Copy sent to OSSE

..... Copy placed in student's cumulative record

For more information please contact:

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Homeless State Coordinator