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 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) _____
Sheltered (living in a community or domestic violence shelter, transitional housing or Awaiting Foster Care) _____
Unsheltered (on the streets/unfit building) _____
Hotel/Motel _____

Student Status (check all that apply):

Unaccompanied (guardian not with student) _____
Homebound _____
Migratory _____

IDEA _____ ELL/ESL _____ 504 _____ Other: _____

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

_____ 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* or 202.654.6123