



Office of the



State Superintendent of Education

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: _____ Student Identification Number: _____

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:

- | | | | |
|--------------------------------------|-----|--|-----|
| Student lacks a permanent residence | ___ | Doubled-Up (living with someone temporarily) | ___ |
| Student is unable to pay school fees | ___ | Unaccompanied (guardian not with student) | ___ |
| Immunizations are needed | ___ | Sheltered (living in a community shelter) | ___ |
| Excessive absences | ___ | Unsheltered (on the streets/unfit building) | ___ |
| Lacks academic records/documents | ___ | Hotel/Motel | ___ |
| Experiencing academic delays | ___ | Unknown | ___ |
| 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 | ___ | | |
| Completed academic assessment | ___ | | |
| Possesses a current I.E.P. (SPED) | ___ | | |

Services needed:

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