

Referral Form and Homeless (Title X) Identification Form

Who qualifies as “homeless” for Title X assistance under the McKinney-Vento Assistance Act (§725)?

The term “homeless children and youth” -

(A.) Means individuals who lack a fixed, regular, and adequate nighttime residence...; and

(B.) Includes-

1.) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons; are living in motels, hotels, trailer parks., or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

2.) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...

3.) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

4.) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses 1 through 3.

Qualifiers: (please check one that applies to student’s current situation)

- Living in an emergency shelter
- Living in hotel/motel
- Living in campground/car/RV/public place
- Living with relatives or friends due to loss of housing or economic hardship
- Transitional housing program
- Substandard housing/Abandoned building
- Migrant camp/encampment/trailer park

Parent/Guardian/ <u>Student-if unaccompanied</u> name(s)	Family/Individual Contact Phone	Name or Referring Source
Address or P.O. Box or leave blank in case of endangerment to family of domestic violence	Referring Source Phone #	
City, State, Zip Code	Total # of Children in Family	Referral Date

Child’s First and Last Name	Student #	School’s Name	Grade	D.O.B.	FL	Trans. Type	UA
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For Office Use Only- The Title X Education Liaison will fill in this section after taking following actions below:

Date of Verification _____ Date of Re-verification _____ Date E-Mailed to Nutrition Services _____ Date Entered
I/C _____

Date Entered into M/V Database _____

SES Information _____ SES Dates _____ SES

Sources _____

Other: _____

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