

Referral to Homeless Education Liaison

(For individual supervisory union/school district use only. Do not submit to the Vermont Department of Education)

Date: _____

Person Making Referral: _____

School/Agency and Position: _____

Address: _____

Phone: _____ E-mail Address: _____

Student Information:

I have identified a student who may be experiencing homelessness (*lacking a fixed, regular, and adequate nighttime residence*) and would like to make a referral to the Homeless Education Liaison.

Student(s) Name(s): _____ Parent name: _____

School in which student was last enrolled: _____

Grade Level: _____ Age: _____ IEP or SOY? _____

Student's current address: _____

Student's Phone #: _____

Reason for Referral: *Please check and provide details if available. Any siblings within SU?*

- Shelter Resident
- Shared Housing (Doubled Up)
- Motel or Hotel Resident
- Campground/Tent
- Unaccompanied Youth (not in the physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence)
- Other: _____

Liaison Information:

Supervisory Union/School District: Franklin Central Supervisory Union

Homeless Education Liaison: Jesse Byers

Address: 28 Catherine St. St Albans VT 05478

Phone Number: (502) 524-2600 x19 Email: jbyers@fcsuvt.org

Date Liaison received referral: _____