

Referral to Homeless Education Liaison

(For individual supervisory union/school district use only. Do not submit to the Vermont Agency 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): _____

School in which student was last enrolled: _____

Grade Level: _____

Student's current address:

Student's Phone #: _____

Reason for Referral: *Please check and provide details if available.*

- Shelter Resident
- Shared Housing (Doubled Up)
- Motel or Hotel Resident
- Campground/Tent
- Unaccompanied Homeless 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: _____

Homeless Education Liaison: _____

Address: _____

Phone Number: _____ Email: _____

Date Liaison received referral: _____

Additional Information:

Parent Name: _____

Student Age: _____ Select: IEP 504 N/A

Siblings in SU? (Name, School, Grade):

Notes:
