

Homeless Student Information Form

Date of Referral:

Student Name:

STN #:

The student meets the following criteria for placement: *(Refer to bottom of page for assistance)*

- 1. Doubled Up
- 2. Sheltered
- 3. Unsheltered
- 4. Hotels/Motels

School:

Grade Level:

Parent/Guardian(s):

Relationship to Student:

Primary Phone #:

Alternative Phone #:

Work phone:

Mailing Address:

What is your current method of transportation?

Physical Address (Where student/family is residing):

Demonstrates the need for transportation (Yes/No):

Transportation Start Date:

Sibling's Name:

Sibling's Name:

Sibling's Name:

Sibling's Name:

School Building:

School Building:

School Building:

School Building:

Grade Level/Age:

Grade Level/Age:

Grade Level/Age:

Grade Level/Age:

Comments:

- 1. Doubled Up**
 - a. Doubled up with family or friends due to economic conditions
- 2. Sheltered**
 - a. Homes for unwed or expectant mothers for lack of a place to live
 - b. Homeless and domestic violence shelters
 - c. Transitional housing programs
 - d. Awaiting foster care
- 3. Unsheltered**
 - a. Runaway and "Throwaway" children and youth
 - b. The streets
 - c. Abandoned buildings
 - d. Cars, trailers, and campgrounds
 - e. Public places not meant for housing
 - f. Migratory children staying in housing not fit for habitation
- 4. Hotels/Motels**
 - a. Living in motels and hotels for lack of other suitable housing