

McKinney-Vento Service Referral Form

Date: _____ Referred by _____ Phone _____

Title _____ School/Other _____

Parent /Guardian _____ Are Parents Veterans? Yes ☐ No ☐

Phone: Home _____ Cell _____ Work _____

Check one: Double-Up ☐ Motel/Hotel ☐ Shelter ☐ Substandard Housing ☐ Other ☐

Current Address: _____

If HOTEL is selected, please indicate the Name, Phone number, Address and ROOM number please.

Power School # <i>(Required)</i>	Student Name	DOB	School Attending	Gr.

NOTE: All McKinney-Vento students are eligible for free lunch.

INDICATE SERVICES NEEDED BELOW:

School Uniforms ☐ (Please indicate sizes and school uniform colors below)

Student Name	M / F	Height	Waist (inches) + Pant Color	Chest (inches) + Top Color

Transportation ☐ Book bags ☐ School Supplies ☐ Enrollment ☐ School Records ☐

Immunization Records ☐ Birth Records ☐ Other ☐

CIRCUMSTANCES (reason for requesting services please) _____
