

**Mingo County Schools**  
**HOMELESS STUDENT IDENTIFICATION**

Educational Services For Homeless/Transitional Students  
**Confidential Referral Form**

STUDENT NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Last Name) (First Name)

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ STUDENT DATE OF BIRTH \_\_\_\_\_ S.S.# or I.D.# \_\_\_\_\_  
 (Month) (Day) (Year)

PARENT/GUARDIAN NAME \_\_\_\_\_ UNACCOMPANIED YOUTH \_\_\_\_\_  
 (Last Name) (First Name) (M.I.)

TEMPORARY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

RACE/ETHNICITY \_\_\_ Asian/Pacific Islander \_\_\_ Black, Not of Hispanic Origin \_\_\_ Hispanic \_\_\_ Amer. Ind/Alaskan Nat. \_\_\_ White

**CONFIDENTIAL INFORMATION**

Complete only if it shows (1) your child's current living situation; or (2) unaccompanied youth - your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

**Homeless Status** Check the appropriate status.

- Living with Family
- Separated from Family
- Foster Care Pending
- Runaway
- Unaccompanied Youth
- Throwaway (Kicked out of home or abandoned.)
- Released from Penal Institution
- Abandoned
- Other Specify* \_\_\_\_\_

**Living Arrangements** Check the appropriate status.

- In a Shelter
- Doubled-up with Relatives or Friends (lack of housing)
- In a Hotel/Motel
- Unsheltered (on street, car, park campground, abandoned bldg.)
- Substandard Housing (lack electricity, plumbing, heat)
- Other Specify* \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Mobility**

Did this student  Request to Stay in School of Origin? \_\_\_\_\_ Did this student stay in School of Origin / Mingo County \_\_\_\_\_  
 Attend School of Origin across LEA boundaries?

**School of Origin** means the school that the child or youth attended when permanently housed or the school in which the child or youth **was last enrolled**.

**Referral to Homeless Liaison** – Complete only if the problems listed below prevent homeless children and youth from attending school. Please check the areas of concern which apply to the student identified above. **Referred to Homeless Liaison:**  **Yes**  **No**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Student lacks a permanent residence</li> <li><input type="checkbox"/> Immunizations are needed</li> <li><input type="checkbox"/> Excessive absences are a problem</li> <li><input type="checkbox"/> Transportation to school is a problem</li> <li><input type="checkbox"/> Student/family needs assistance accessing community resources</li> <li><input type="checkbox"/> Health problems are indicated</li> <li><input type="checkbox"/> School supplies are needs</li> <li><input type="checkbox"/> Indicate if there are any other unmet needs of this homeless student. _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Student is unable to pay school fees</li> <li><input type="checkbox"/> Birth Certificate is needed</li> <li><input type="checkbox"/> Lacks academic records and/or documentation</li> <li><input type="checkbox"/> Student needs/requested counseling</li> <li><input type="checkbox"/> Free lunch form has not been returned</li> <li><input type="checkbox"/> Guardianship is a problem (No guardian)</li> <li><input type="checkbox"/> School clothes are needed (please provide sizes)</li> </ul> |
|--|---|

**Homeless Student Transportation Information**

Request for Transportation:  Yes  No From Address: \_\_\_\_\_ To: \_\_\_\_\_

Was transportation to the School of Origin provided to this student?  Yes  No

If yes, was the School of Origin:  Within District  Outside District

**Transportation Mode**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Additional / Extended Bus Route    | <input type="checkbox"/> Contracted Transportation Services | <input type="checkbox"/> <i>Other Specify</i> _____ |
| <input type="checkbox"/> Privately-Owned Non-Family Vehicle | <input type="checkbox"/> Reimbursing Family for Mileage     |   |

**District Programs this Student is Enrolled In**

- Special Education
- Gifted/Talented
- English Language Learner
- Vocational Education (Career Center)

**Is this student assigned to the Mingo County Alternative Education Program?**

**Yes**  **No**

**Did this student receive Title I, Part A Services?**

**Yes**  **No**

Name of Principal / Counselor \_\_\_\_\_

Date \_\_\_\_\_

Please document student's homeless status on WVEIS. Documentation Entered  Yes  No