Update to Adobe Reader 9.3 prior to starting form. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

ILLINOIS STATE BOARD OF EDUCATION
Curriculum and Instruction Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

McKinney-Vento Homeless Education
Referral to Homeless Education Liaison

DISTRICT INFORMATION

SCHOOL DISTRICT NAME AND NUMBER		HOMELESS LIAISON	
ADDRESS (Street, City, State and Zip Code)		ADDRESS (Street, City, State and Zip Code)	
TELEPHONE (Include Area Code)	E-MAIL	TELEPHONE (Include Area Code)	E-MAIL

PERSON MAKING REFERRAL

DATE		PERSON MAKING REFERRAL
SCHOOL/AGENCY NAME		SCHOOL/AGENCY ADDRESS (Street, City, State and Zip Code)
TELEPHONE (Include Area Code)	E-MAIL	

STUDENT INFORMATION

STUDENT NAME	GRADE	CONTACT (Parent, Guardian, Other)
ADDRESS (Street, City, State and Zip Code) (if available)		LAST SCHOOL ATTENDED

COMMENTS:

REASON FOR REFERRAL

Please check one of the following as a reason for referral and indicate details. You may attach additional information if necessary.

- ☐ Shelter resident: _____
- ☐ Shared Housing (Doubled up): _____
- ☐ Motel/Hotel resident: _____
- ☐ Campground/Tent: _____
- ☐ Unaccompanied Youth (not in the physical custody of parent/guardian and lacking a regular, fixed, nighttime residence): _____
  _____
- ☐ Substandard housing: _____
- ☐ In a place not designated for ordinary sleeping accommodations, such as car, park, or campground: _____
- ☐ Other (please describe): _____
- ☐ Please check this box if you are adding additional pages.

_____ _____ _____
Signature of Person Making Referral | Date | Title

ISBE USE ONLY

Date Referral Received: _____

Action Taken:

Print Reset Form