

## Laramie County School District #2 Homeless Student Referral

**Student First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

School Enrolled: \_\_\_\_\_ Prior School: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Do YOU feel this student would benefit from further assistance/free meals?    Yes    No

*[District Office]*

Was student approved Homeless in Prior Year(s)?	Yes	No	# of Years _____
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Please complete as much information as possible on the form below. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act, reauthorized by the Every Student Succeeds Act (ESSA) signed into law in December 2015. Forms should be turned in to the District Homeless Liaison Assistant (Stacy Jenkins), District Homeless Liaison (Nancy Malcolm), School Secretary, or School Counselor.

Students without a fixed, regular, and adequate nighttime residence have the following Residency and Educational rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

### **Current Living Situation**

Is the student and/or their family currently living with other people? ..... YES    NO

Is the student and/or their family living in a motel/campground/tent, other? ..... YES    NO

Hotel/Motel     Campground     Tent     Other \_\_\_\_\_

Is the student and/or their family facing eviction? ..... YES    NO

Is the student's current living situation due to family financial hardship? ..... YES    NO

Is the student currently living with someone who is not his/her guardian? ..... YES    NO

Is the student currently living on their own? ..... YES    NO

Does the student/family move frequently? ..... YES    NO

Does the student have siblings/other students in same house?..... YES    NO

(Names): \_\_\_\_\_

### **Transportation**

Does the student need transportation to/from school? ..... YES    NO

Does the student need transportation to/from activities? ..... YES    NO

### **Special Services**

Does the student need special services (Title 1, gifted/talented, SPED)? ..... YES    NO

Referred by: \_\_\_\_\_ Date Referred: \_\_\_\_\_

# LCSD#2 Homeless Referral Process

