



Illinois State Board of Education

100 North First Street, E-222
Springfield, Illinois 62777-0001

MCKINNEY-VENTO HOMELESS EDUCATION REFERRAL TO HOMELESS EDUCATION LIAISON

WELLNESS DEPARTMENT

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)	EMAIL	TELEPHONE (Include Area Code)	EMAIL

PERSON MAKING REFERRAL

DATE		PERSON MAKING REFERRAL	
SCHOOL/AGENCY NAME		SCHOOL/AGENCY ADDRESS (Street, City, State and ZIP Code)	
TELEPHONE (Include Area Code)	EMAIL		

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.

Digital or Original Signature
of Person Making Referral

Date

Title

ISBE USE ONLY

Date Referral Received: _____

Action Taken: _____