Student Referral Questionnaire

School Year 2019 – 2020 Kindergarten

The purpose of this form is to identify and support Mesa Public Schools students who may be eligible to receive services in accordance with the McKinney-Vento Act 42 U.S.C. 11435. Eligibility must be reviewed and reevaluated every school year. The information on this form is <u>confidential</u>. If you have questions or concerns, call (480) 472-0291.

STUDENT INFORMATION

Student Name _____ Grade _____ ☐ Male ☐ Female
Last *First* *Middle*

Birth Date _____ Phone _____ Email Address _____
Month/Day/Year *Include Area Code*

Please answer these screening questions to determine if the student might qualify for homeless support services:

<u>Question #1</u>

Does the student lack a fixed, regular, or adequate nighttime residence? ☐ Yes ☐ No

Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship or similar reason; car; park; campsite

<u>Question #2</u>

Does the student live alone or with someone other than his or her biological or adoptive parent or a legal guardian due to loss of housing or economic hardship, incarceration or deportation of parent or legal guardian, or abandonment by parent or legal guardian? ☐ Yes ☐ No

Please note: A <u>legal guardian</u> is a person appointed by a court to care for a student.

If you answered "**No"** to both questions, stop here. You do not need to complete the remainder of this form. Simply sign below to acknowledge you have received Mesa Public Schools' "Rights of Homeless Students."

If you answered "**Yes"** to either question, sign below to acknowledge you have received Mesa Public Schools' "Rights of Homeless Students" and then complete the bottom portion of this form concerning the student's living arrangements. The Homeless Family Services Liaison will contact you to make a final determination regarding eligibility for support services.

Signature of Parent/Guardian/Caregiver/Host: _____ **Date:** _____

CURRENT LIVING ARRANGEMENTS:

If you answered **"Yes"** to either Question #1 or Question #2 above, please provide the following information to indicate where the student is currently living. (Check **one** box).

☐ In a hotel/motel (Name and location of hotel/motel: _____)
☐ In a shelter or transitional housing program (Name of shelter or program: _____)
☐ In shared housing with another family in their home due to loss of housing, economic hardship, or similar reason
☐ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent/Guardian/Caregiver/Host *(Circle One)*: _____

Address: _____ Email _____ Phone: _____

I affirm that all information on this form is accurate.

Signature of Parent/Guardian/Caregiver/Host: _____ **Date:** _____

<u>School Personnel</u>:

☐ *Indicate Student ID Number: _____ and School Name_____*
☐ *Fax this form to the Homeless Family Services (McKinney-Vento) Liaison at 480-472-0296 <u>or</u> email it to mckv@mpsaz.org.*
☐ *If the student does <u>not</u> live with a biological or adoptive parent or legal court-appointed guardian, the person with whom the student lives must complete a Caregiver & Living Arrangements Affidavit for Homeless or Abandoned Student form JC-R-F(7). Fax or email this completed form to the Liaison at 480-472-0296 <u>or</u> email it to mckv@mpsaz.org.*

Case Number: ___-___-___-___-___ (To be added by McKinney-Vento Staff)