

Homeless Referral Form (One form per family)



District Liaison to the Homeless: Shynea Paris

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Date: _____ School-Aged Children (Please list oldest child first)

Student Last/First Name	Birthdate	Special Education	School Enrolled	Grade	Gender
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
Non-School Aged Children (birth to 3) Last/First Name	Birthdate	Early Childhood	School Enrolled		Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F

Last School Attended: _____

Lives With:	Last/First Name	Address (city, state, zip)	Home Phone	Work Phone
<input type="checkbox"/> Father				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Other				

Guardian Relative Awaiting Foster Care Placement Other (specify) :

Homeless Services needed by family:

Areas of Educational & Related Services:

- Transportation
- School Supplies
- Help with enrollment
- Tutoring /instructional support
- Counseling (indiv.or group)
- Activity fees
- Special Education (List Area(s): _____)

- Gifted or Talented Programs
- Pre-School Programs
- After-School Programs
- Other Languages Spoken (Bil/ESL)
- School health records needed
- Special Security/Safety Issues
- Truancy Issues
- Other

Specify: _____

Areas the district will provide family assistance:

- Referral for Community Resources
- Medical, Dental and other Health Services
- Mental Health Services
- Food and Clothing
- Housing Support
- Addressing needs related to domestic violence
- Parents education related to rights/resources
- Other Specify: _____

Family/Student Living:

- Doubled-Up/*Reason _____
- In a motel/hotel
- In a shelter/transitional living program
- Unsheltered (e.g. cars, parks, etc.)
- Awaiting Foster Care placement
- Runaway child or youth
- Unknown _____