



Transitory Services (Education of Homeless Children and Youth Program)

(202) 654-6123 | Fax: (202) 299-2136 | www.osse.dc.gov

Title X Part C McKinney-Vento Confidential Referral Form

School Name: Date:

Student: M/F:

Grade: Unique Student Identifier Number (USI):

Age: Birth Date: Phone Number:

Temporary Address: City: Zip:

Last School Attended: School ID Number:

[School of Origin]

Location of School: [City] [State] [Zip]

Referring Person: Position:

Please check all that apply for the following areas of concern relevant to the student:

Areas of Concern or Services Needed (check all that apply):

- Student is unable to pay school fees.....
- Immunizations are needed.....
- Excessive absences.....
- Lacks academic records/documents.....
- Experiencing academic delays.....
- In need of school supplies.....
- In need of school transportation.....
- In need of resource referrals.....
- In need of medical attention.....
- In need of clothing/uniforms.....
- In need of academic assessment.....
- Possesses a current I.E.P. (SPED).....

Night Time Residency Status (You must select one of the following):

- Doubled-Up (living with someone temporarily).....
- Sheltered (living in a community or domestic violence shelter, transitional housing or Awaiting Foster Care).....
- Unsheltered (on the streets/unfit building).....
- Hotel/Motel.....

Student Status (check all that apply):

- Unaccompanied (guardian not with student).....
- Homebound.....
- Migratory.....

IDEA..... ELL/ESL..... 504..... Other:

Other children in the home (list names and ages):

..... Electronically submitted to OSSE

..... Copy attached to enrollment forms

For more information please contact:

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