Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, click print button.

ILLINOIS STATE BOARD OF EDUCATION
Accountability Division
100 North First Street, E-230
Springfield, IL 62777-0001

McKinney-Vento Homeless Education Grants
Title X, Part C
REFERRAL TO HOMELESS EDUCATION LIAISON

DISTRICT INFORMATION	
School District Name and Number	Homeless Liaison Contact Name
School Address (City, State, Zip Code)	Telephone Number (Include Area Code)
District E-Mail	Contact E-Mail

PERSON MAKING REFERRAL	
Date	Person Making Referral
School/Agency Name	School/Agency Telephone Number (Include Area Code)
School/Agency Address (City, State, Zip Code)	School/Agency E-Mail

STUDENT INFORMATION	
I have identified the following student who may be experiencing a homeless condition and would like to make a referral to the Homeless Education Liaison.	
Student Name	Current Address
Contact Information (Parent, Guardian, Other)	Name of School Last 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: _____
- ☐ Car or abandoned building: _____
- ☐ Train or Bus Station: _____
- ☐ Other (please describe): _____

☐ Please mark this box if your are adding additional pages.

_____
Date | Signature of Person Making Referral | Title

ISBE USE ONLY:

Date Referral received: ___ /___/___ **Action Taken:** _____

_____

_____

_____

ISBE 83-04I (8/07)

Print | Reset Form