



Illinois State Board of Education

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

MCKINNEY-VENTO HOMELESS EDUCATION HOMELESS FAMILY REQUEST FOR ASSISTANCE

WELLNESS DEPARTMENT

To: State Coordinator, Homeless Education Program
Illinois State Board of Education
100 North First Street
Springfield, Illinois 62777-0001

Re: Homeless Family Request for Assistance

My child(ren) attend school in _____ School District # _____.

I need assistance with the following issue(s). I have checked the box that best fits my situation and have included a brief statement in the space provided.

- The school district would not enroll my child(ren).

- Child(ren) could not begin school because they did not have all their medical and/or school records.

- Child(ren) were not permitted to stay at their current school.

- Special Education testing/placement services were denied or unavailable.

- School district will not provide transportation to stay in their current school.

- Other

- I have written on the reverse side of this letter what has already been done to help me.

My contact information is:

NAME	ADDRESS (Street, City, State, ZIP Code)
TELEPHONE (Include Area Code)	

Digital or Original Signature _____ Date