

**McKinney Vento Referral Form**

Who Qualifies for McKinney Vento Services? School aged children living in unstable housing situations due to economic strain. Students who live in a homeless shelter or transitional housing, families who are doubled up due to economic strain, children awaiting foster care, children living in tents, campers, substandard housing, unsheltered and students and families who are couch hopping.

Students Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

School: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact info. of Person making Referral: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Is the family aware you have made this referral:            Yes    No

Current Address or Living Situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What services are you aware this family may need:

Transportation for their child/children to get to school            Yes    No

School Supplies            Yes    No

School Clothes/ warm winter clothes            Yes    No

Referrals to outside agencies such as housing, social service, mental health            Yes    No

Other/ please explain: \_\_\_\_\_

\_\_\_\_\_

**Thank you for taking time to fill out this referral, please send form to Angie Lauderbaugh, Bemidji Middle School 502 Minnesota Ave NW, Bemidji MN 56601. You may contact me with questions at (218)368-1059**