**Homeless** **Student Referral Form for Community Partners**

|  |  |
| --- | --- |
| Today’s Date: | Received by: |
| Person making referral: | Date reviewed: |
| Referring Organization: | Assigned to: |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME** | **STUDENT ID#** | **DOB** | **SCHOOL** | **GRADE** | **GENDER** |
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| --- | --- | --- | --- | --- | --- |
| **CURRENT HOUSING STATUS** |  | **FAMILY INFORMATION**  Guardian’s name and best way to contact, such as phone number and/or email) | |  | **NOTES**  (Include person spoken to and date of conversation) |
| Shelter |  | |  |
| Hotel/motel |  | |
| Doubled up (with legal guardian) |  | |
| Doubled up (no legal guardian) |  | |
| Staying with grandparent |  | |
| Staying with relatives | **Guardian’s Primary Language** if other than English | |  |
| Staying with friends |  | |
| Outside/unsheltered |  | |
| Inadequate accommodations | Home visit | Backpack |
| Home visit date: | Food box | Uniform |
| Unaccompanied Youth | Snack Pack | Pant Size |
| Runaway | Hygiene Products | Socks |
| Kicked out of Home |  | |
| Transitional living program: |  | |
|  |  | |
| Housed date: | In Database?  Yes  No | |

Adapted from Albuquerque Public Schools Title 1 Homeless Project 4/1/2020



Reentry Support Guidance

**FOR More Information CONTACT:** [Dana Malone](mailto:Dana.Malone@state.nm.us) [ped.state.nm.us](https://webnew.ped.state.nm.us/)­