**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 [ped.state.nm.us](https://webnew.ped.state.nm.us/)­