



Homeless Education Referral

Confidential Intake Form

Please fill out 1 per student and submit via email or fax

Student: _____ M/F Age: _____ Grade: _____

DOB: _____ Parent/Guardian: _____ Contact : _____

Temporary Address (NOT MAILING ADDRESS) _____

School: _____ Date: _____

Person Making Referral: _____ Position: _____

School in which student was last enrolled: _____

Sibling's names, ages/grade, and school if different:

Check all that apply

____ shared housing (Doubled up) ____ motel/hotel ____ camping or sleeps in car ____ resides in shelter
____ Other (describe) ____ abandoned building ____ unaccompanied youth

Give a brief description of the family's situation:

Please mark assistance requested:

School Supplies Backpack supplies

Clothing **(Please indicate youth or adult sizes)**

- Food
- Referral for community services
- Transportation

Items Received by _____