



McKinney Vento Referral Form

Confidential Intake Form

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

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

DOB: _____ **Parent/Guardian/Contact** _____ **Phone #** _____

Temporary Address (NOT MAILING ADDRESS)

School: _____ **Date:** _____

Person Making Referral: _____ **Position:** _____ **ext.** _____

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)**
- _____ *Shirt size* _____ *Pant size* _____ *Shoe size*
- Food
- Referral for community services
- Transportation

Items Received by _____

McKinney-Vento Homeless Program
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