



McKinney-Vento Education Program
 Dillon School District 3
 Referral Form for Homeless Services

Date _____

Student's Name _____

Grade _____ School _____

Parent/Guardian _____

Contact Information _____

Current Residence:

Reason for referral / comments:

Other Siblings: _____ Yes _____ No
 If yes, please list names, grades, ages (if known)

Names	Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

McKinney-Vento Act
Identification Form

The federal McKinney-Vento Act ensures education rights and protections for children and youth experiencing housing difficulties or loss of housing. In order to serve these students in every way available, we need to identify those in situation that may qualify. Please complete the following:

Reason for referral: Problems listed below often prevent homeless children and youth from attending school. Please check the areas of concern which apply to the student identified:

Check all that apply:

- student lacks a permanent residence
- student is unable to pay school fees
- immunizations are needed
- a birth certificate is needed
- academic problems
- excessive absences are a problem
- school supplies are needed
- transportation is needed
- student / family need assistance accessing community resources
- behavior indicates a possible need for counseling
- school clothes are needed
- free school meals are needed
- health problems are evident or possibility
- (explain _____)
- Unaccompanied or Runaway youth

Person making referral (will be kept confidential):

Please return form to:

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