

DILLON SCHOOL DISTRICT THREE OFFICE OF FEDERAL PROGRAMS

McKinney-Vento Education Program Referral Form for Homeless Services

Student:		DOB:	
School:		Grade:	
Parent(s)/Guardian(s):			
Phone Number(s):			
Current Residence:			
What best describes where the family lives now?			
<input type="checkbox"/>	Displaced by natural disaster Disaster:	<input type="checkbox"/>	Residence with inadequate facilities (i.e. no heat, no water, etc.)
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Agricultural/Farm Camp
<input type="checkbox"/>	Single family house/trailer/apartment	<input type="checkbox"/>	Homeless Shelter
<input type="checkbox"/>	Moving from place to place/couch surfing	<input type="checkbox"/>	Agricultural/Farm Camp
<input type="checkbox"/>	Living in car/park/other location	<input type="checkbox"/>	Living with others due to loss of housing
<input type="checkbox"/>	Hotel / Motel	<input type="checkbox"/>	Displaced due to COVID-19
<input type="checkbox"/>	Camping grounds	<input type="checkbox"/>	Other:
Siblings: (List names, grade levels, ages, and school)			

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 must identify specific needs for the student. The 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:

<input type="checkbox"/>	Living in a hotel/motel	<input type="checkbox"/>	Unable to pay for school lunch
<input type="checkbox"/>	Immunizations are needed	<input type="checkbox"/>	Birth Certificate is needed
<input type="checkbox"/>	Excessive absences	<input type="checkbox"/>	Academic Problems
<input type="checkbox"/>	School supplies are needed	<input type="checkbox"/>	School clothing is needed
<input type="checkbox"/>	Transportation is needed	<input type="checkbox"/>	Community Resources are needed
<input type="checkbox"/>	Need for school based counseling	<input type="checkbox"/>	Health or dental needs
<input type="checkbox"/>	Unaccompanied Minor/Runaway	<input type="checkbox"/>	Other:

Person making referral (will be kept confidential): _____

Please return this form to the Office of Federal Programs; Dillon School District Three; 205 King Street; Latta, SC 29565. Please contact the McKinney-Vento Homeless Liaison with questions or concerns:

Sandy Jones ~ sandy.jones@lattavikings.com ~ 843-752-7101 ext. 1023