

Keys School District

McKinney-Vento Referral Form

(One form per family)

Submit online at: <http://kpscougars.org/>

The McKinney-Vento Act ensures that all school-aged children and youth experiencing homelessness are entitled to the same free and appropriate public education that is provided to non-homeless students.

Definition of Homeless: A student between the ages of 0 to 22, who lacks a fixed, regular, and adequate nighttime residence. Specifically, if students live under any of these conditions:

- Living in a shelter (family, youth or domestic violence shelter or transitional living program)
- Living in a motel, hotel or weekly rate housing
- Living in a house or apartment with more than one family because of economic hardship or loss
- Living in an abandoned building, in a car, at a campground or on the street
- Living in substandard housing (without electricity, heat or water)
- Living with friends or family because youth is a runaway or unaccompanied youth

REFERRING AGENCY INFORMATION

This is a referral form for service providers to refer students to their homeless education liaisons to determine eligibility for services at their school site. Please complete this form and scan/email to Rolando Hernandez at rhernandez@kern.org.

PLEASE DO NOT complete this form if family housing situation is FIXED, REGULAR, AND ADEQUATE (ex., if they rent, share housing for convenience, or if they are buying a house and do not need support services).

Referral Date: _____ Referring Person: _____

Agency _____ Phone: _____ Email: _____

Family/youth notified of referral: Yes No Maybe N/A

STUDENT INFORMATION

School-Aged Children (*List oldest child first*)

| Last/First Name | DOB | Receiving Special Ed. Services | | | Current or Last School Enrolled | | Grade Gender | |
|-----------------|-----|--------------------------------|----|---------|---------------------------------|--|--------------|---|
| | | Yes | No | Unknown | | | M | F |
| | | Yes | No | Unknown | | | M | F |
| | | Yes | No | Unknown | | | M | F |
| | | Yes | No | Unknown | | | M | F |
| | | Yes | No | Unknown | | | M | F |

| Non-School-Aged Children | | Receiving Special Ed. Services | | | Receiving Early Childhood Ed. Services | | Gender | | |
|--------------------------|-----|--------------------------------|----|---------|--|----|---------|---|---|
| Last/First Name | DOB | Yes | No | Unknown | Yes | No | Unknown | M | F |
| | | Yes | No | Unknown | Yes | No | Unknown | M | F |
| | | Yes | No | Unknown | Yes | No | Unknown | M | F |
| | | Yes | No | Unknown | Yes | No | Unknown | M | F |
| | | Yes | No | Unknown | Yes | No | Unknown | M | F |

HOUSING INFORMATION

Presently, where is the student(s) living? (Please check all that may apply):

- Sharing Housing (Doubled Up) with Family or Friends Due to an
Economic Hardship, Natural Disaster
- Unaccompanied Youth
- Hotels/Motels
- Substandard/Inadequate Housing
- Emergency/Temporary/Short Term/Transitional Shelter
- Other (please describe): _____
- Unsheltered (Cars, Parks, Campgrounds, etc) _____
- Abandoned Building _____

The student(s) is/are (Check one box):

- ...in the physical custody of a parent or guardian .
- ...NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not student’s legal guardian, living with other people).

FAMILY CONTACT INFORMATION

Parent/Guardian: _____ Relationship: _____
 Temporary Address: _____ City: _____
 Cell Phone: _____ Add'l Phone: _____ Email: _____
 Language Spoken: _____
 How long has/have the student(s) been in the TEMPORARY place? _____

SERVICE INFORMATION

What educational and related services are you aware this family may need? : (check all that may apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Transportation for Child/Children to Get to School | <input type="checkbox"/> After-school Programs | <input type="checkbox"/> Special Security/Safety Issues |
| <input type="checkbox"/> Help with Enrollment | <input type="checkbox"/> English as Second Language | <input type="checkbox"/> Truancy Issues |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> School/health records needed | <input type="checkbox"/> Referrals to Outside Agencies (Food, Housing, Social Service, Mental Health) |
| <input type="checkbox"/> Tutoring or Other Instructional Support | <input type="checkbox"/> School Clothes/Warm Winter Clothes | |
| <input type="checkbox"/> Special Education Services | <input type="checkbox"/> Credit waiver approval for 11th & 12th graders | Other, please specify: _____ |
| <input type="checkbox"/> 504 Accommodation | <input type="checkbox"/> Independent financial aid status verification for unaccompanied, homeless 12th graders | _____ |
| <input type="checkbox"/> Gifted or Talented Programs | | _____ |
| <input type="checkbox"/> Pre-school Programs | | _____ |

Thank you for taking time to fill out this referral, please scan/email this form to Robbie Smith, Keys Education Liaison at rsmith@kpscougars.org . Our program will link the family with district services and you will receive feedback about the outcome of the referral. Please call 918-458-1835 if you have any further questions or concerns.

Robbie Smith / Counselor
 26062 HWY 82
 Park Hill, OK 74451
 918-456-1835
 rsmith@kpscougars.org