

Referral to Homeless Education Liaison

(For individual supervisory union/school district use only. Do not submit to the Vermont Department of Education)

Supervisory Union/School District Designated Homeless Education Liaison and Position:

Sue Cano, Director of Student Support Services – Homeless Liaison
Lamoille North Supervisory Union
95 Cricket Hill Road
Hyde Park, Vermont 05655

Date: _____

Person Making Referral: _____

School/Agency: _____

Address _____

Phone _____ **E-mail Address** _____

Signature of Person Marking Referral: _____

I have identified a student who may be experiencing homelessness (*lacking a fixed, regular, and adequate nighttime residence*) and would like to make a referral to the Homeless Education Liaison.

Student(s) Name(s): _____

Reason for Referral: *Please check and provide details if available.*

- Shelter Resident:** _____
- Shared Housing(Doubled Up):** _____
- Motel or Hotel Resident:** _____
- Campground/Tent:** _____
- Unaccompanied Youth (not in physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence):**

- Other:** _____
- Date Became Homeless:** _____

(Over)

Student Information:

Name	DOB	School(s) Attended	Grade	7 Digit ID #	IEP	504	EST	Reg Ed	Current Address	Town of Residence

Parent Information: Name: _____

Current Address: _____

Phone Numbers: _____

Transportation: Is there a need for transportation? Yes No

Other relevant information:

Central Office Use Only

Date Referral Received: _____

Action Taken: _____