



### REFERRAL TO HOMELESS LIAISON

I have identified a student who may be experiencing homelessness and would like to make a referral to the Homeless Liaison.

#### Contact information for person making the referral:

Name: _____	Date: _____
Position: _____	School/Agency: <u>Walatowa High Charter School</u>
Phone: _____	E-mail Address: _____

#### Student information:

Student(s) name(s): _____
School in which student was last enrolled: _____
Grade level: _____
Student's current address: _____
Student's Phone #: _____

#### Reason for Referral - Student is residing:

- Temporarily with another family
- With an adult that is not a parent or legal guardian
- Rent in a temporary space (for example: motel, hotel, trailer park or campground)
- In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks a basic functional part such as a working kitchen or a working toilet; or may present unreasonable dangers to adults, children, or persons with disabilities.
- In a temporary shelter or other temporary housing
- Other (please note): \_\_\_\_\_

#### Details if available:

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\_\_\_\_\_  
Signature of Homeless Liaison

\_\_\_\_\_  
Date Referral Received

