

Homeless Referral Form (One form per family)



**WATERBURY
Public Schools**
Today's Students, Tomorrow's Leaders

District Liaison to the Homeless: Shynea Paris

Contact Information: sparis@waterbury.k12.ct.us 203.346.3511x4058

Date: _____ School-Aged Children (Please list oldest child first)

Student Last/First Name	Birthdate	Special Education	School Enrolled	Grade	Gender
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
Non-School Aged Children (birth to 3) Last/First Name	Birthdate	Early Childhood	School Enrolled		Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F

Last School Attended: _____

Lives With:	Last/First Name	Address (city, state, zip)	Home Phone	Work Phone
<input type="checkbox"/> Father				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Other				

Guardian Relative Awaiting Foster Care Placement Other (specify) :

Homeless Services needed by family:

<p>Areas of Educational & Related Services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation <input type="checkbox"/> School Supplies <input type="checkbox"/> Help with enrollment <input type="checkbox"/> Tutoring /instructional support <input type="checkbox"/> Counseling (indiv.or group) <input type="checkbox"/> Activity fees <input type="checkbox"/> Special Education (List Area(s): _____) <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Gifted or Talented Programs <input type="checkbox"/> Pre-School Programs <input type="checkbox"/> After-School Programs <input type="checkbox"/> Other Languages Spoken (Bil/ESL) <input type="checkbox"/> School health records needed <input type="checkbox"/> Special Security/Safety Issues <input type="checkbox"/> Truancy Issues <input type="checkbox"/> Other <p>Specify: _____</p>	<p>Areas the district will provide family assistance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for Community Resources <input type="checkbox"/> Medical, Dental and other Health Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Food and Clothing <input type="checkbox"/> Housing Support <input type="checkbox"/> Addressing needs related to domestic violence <input type="checkbox"/> Parents education related to rights/resources <input type="checkbox"/> Other Specify: _____
	<p>Family/Student Living:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doubled-Up/*Reason _____ <input type="checkbox"/> In a motel/hotel <input type="checkbox"/> In a shelter/transitional living program <input type="checkbox"/> Unsheltered (e.g. cars, parks, etc.) <input type="checkbox"/> Awaiting Foster Care placement <input type="checkbox"/> Runaway child or youth <input type="checkbox"/> Unknown _____