



HOMELESS STUDENT REFERRAL

School Year 20__ - 20__

PART 1: SCREENING [TO BE COMPLETED BY PARENT or GUARDIAN]

The purpose of this form is to identify and support homeless students in FCPS. Please be assured that the information on this form is **confidential**. If you have any concerns or questions, contact the Homeless Liaison Office at 571-423-4332. Please answer the following screening questions to determine if you might qualify for homeless support:

- Is your current address a temporary living arrangement? Yes No
If yes, is the living arrangement due to loss of housing or economic hardship? Yes No
- Is the student living with someone other than his or her parent or legal guardian? Yes No

If you answered **YES** to **any** of the above questions, you may qualify for homeless services. Please **complete PART 2, and return this form to your school office.**

If you answered **NO** to **all** of the above questions, stop here. You **do not need to return this form**

Parent or Guardian Signature _____ Date _____

PART 2: STUDENT INFORMATION

Parent or Guardian Name(s) _____

Address _____
STREET APT # CITY STATE ZIP

Home Phone _____ Work _____ Cell _____

Email Address _____

Preferred Language (if other than English) _____

Student Name	Gender	Grade	School	ID Number

Where are you currently living?

- Doubled-up due to hardship and/or moving from home to home frequently
- Motel or Hotel – Name of motel or hotel _____
- Homeless shelter or domestic violence program – Name of provider _____
- Transitional housing – Name of provider _____
- In a location not designated for sleeping accommodations, such as car, park, or campsite

SCHOOL REGISTRAR: Fax or pony completed forms to Homeless Liaison Office @ Willow Oaks (Fax: 571-423-4328)