



# REFERRAL FORM

Families in Transition Student Assistance Program  
CHAR-EM, COP, COOR Schools Districts



District \_\_\_\_\_ Building \_\_\_\_\_ Date \_\_\_\_\_

Responsible Adult Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Is anyone living within the household a Veteran? \_\_\_\_\_

Date ID'd as Homeless \_\_\_\_\_ Date Student Left District \_\_\_\_\_

First name	Middle Name	Last Name	Date of Birth	Grade	Gender

School of Origin \_\_\_\_\_ School of Residence \_\_\_\_\_

### Living Situation (Circle One)

Emergency Shelter    Transitional Housing    Doubled Up    Motel/Temporary Housing

Unsheltered    Foster Care—Date of placement \_\_\_\_\_    Unaccompanied Youth

### Student Characteristics: Check all that apply

<input type="checkbox"/>	ELL/ELS	<input type="checkbox"/>	Migrant	<input type="checkbox"/>	Military Family
<input type="checkbox"/>	Parent (s) Incarcerated	<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Teen Parent
<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Other	<input type="checkbox"/>	None of the Above Apply

### Enrolled Programs

<input type="checkbox"/>	General Education	<input type="checkbox"/>	0-3 Early On	<input type="checkbox"/>	Early Childhood/Special Ed.
<input type="checkbox"/>	GSRP	<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Alternative Education
<input type="checkbox"/>	Dual Enrollment	<input type="checkbox"/>	Gifted & Talented	<input type="checkbox"/>	Migrant Education
<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Vocational Education	<input type="checkbox"/>	Not enrolled in School Programs

### School Contact Information (counselor, teacher, school success worker, or staff)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Title I Information—Circle**

Student is attending school that is Title I Funded      YES                      NO

Student receives Title Services                      If YES—List:

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If NO: Explain \_\_\_\_\_

**Services: Circle all that apply**

- |                                  |                               |
|----------------------------------|-------------------------------|
| Backpack                         | Before/After School Program   |
| Counseling                       | Clothing/School Uniform       |
| Enrollment Assistance            | FAFSA Support/Provided Letter |
| Free Meals                       | Hygiene Supplies              |
| Obtained Records                 | Schools Supplies              |
| Tutoring/Educational Support     | Other                         |
| Not Enrolled student—No services |                               |

**Referrals: Circle all that apply**

- |                          |                         |
|--------------------------|-------------------------|
| Clothing                 | Community Action Agency |
| DHHS Assistance          | Employment Assistance   |
| Food                     | Housing Assistance      |
| Medical/Vision/Dental    | Mental Health           |
| Other Education Programs | Other                   |
| Does Not Apply           |                         |

**Fees: Circle all that apply**

- |                         |                   |
|-------------------------|-------------------|
| Activity (Field Trip)   | Books/Library     |
| College/Dual Enrollment | Emergency Lodging |
| Extended Day            | Preschool         |
| Sports/Athletics        | Does not apply    |

**Transportation: Circle all that apply**

- |                  |                          |
|------------------|--------------------------|
| Bus              | Public Transit           |
| Gas Cards        | School Van               |
| Parent Transport | Taxi                     |
| Other _____      | No Transportation needed |

