

**ILLINOIS STATE BOARD OF EDUCATION**

General Counsel Division  
100 North First Street, S-493  
Springfield, Illinois 62777-0001

**McKinney-Vento Homeless Education  
Referral to Homeless Education Liaison**

**DISTRICT INFORMATION**

SCHOOL DISTRICT NAME AND NUMBER		HOMELESS LIAISON	
ADDRESS (Street, City, State and Zip Code)		ADDRESS (Street, City, State and Zip Code)	
TELEPHONE (Include Area Code)	E-MAIL	TELEPHONE (Include Area Code)	E-MAIL

**PERSON MAKING REFERRAL**

DATE	PERSON MAKING REFERRAL		
SCHOOL/AGENCY NAME		SCHOOL/AGENCY ADDRESS (Street, City, State and Zip Code)	
TELEPHONE (Include Area Code)	E-MAIL		

**STUDENT INFORMATION**

STUDENT NAME	GRADE	CONTACT (Parent, Guardian, Other)
ADDRESS (Street, City, State and Zip Code) (if available)		LAST SCHOOL ATTENDED

COMMENTS:

**REASON FOR REFERRAL**

Please check one of the following as a reason for referral and indicate details. You may attach additional information if necessary.

- Shelter resident: \_\_\_\_\_
- Shared Housing (Doubled up): \_\_\_\_\_
- Motel/Hotel resident: \_\_\_\_\_
- Campground/Tent: \_\_\_\_\_
- Unaccompanied Youth (not in the physical custody of parent/guardian and lacking a regular, fixed, nighttime residence): \_\_\_\_\_
- Substandard housing: \_\_\_\_\_
- In a place not designated for ordinary sleeping accommodations, such as car, park, or campground: \_\_\_\_\_
- Other (please describe): \_\_\_\_\_
- Please check this box if you are adding additional pages.

\_\_\_\_\_  
*Original* Signature of Person Making Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**ISBE USE ONLY**

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

Action Taken: