**Portland Public Schools McKinney-Vento Referral Form**

The McKinney-Vento Act ensures that all school-aged children and youth experiencing homelessness are entitled to the same free and appropriate public education that is provided to non-homeless students. ***Definition of a Student Experiencing Homelessness: A student who lacks a fixed, regular, and adequate nighttime residence. Specifically, if students live under any of these conditions:***

* Living in a shelter (family, youth or domestic violence shelter or transitional living program)
* Living in a motel or hotel
* Living in a house or apartment with more than one family because of economic hardship or loss
* Living in an abandoned building, in a car, at a campground or on the street
* Living in substandard dwelling (without electricity, heat or water, mold etc.)
* Living with friends or family because youth is a runaway or unaccompanied youth

**REFERRING PERSON’S INFORMATION**

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

Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Role (circle one):

Parent PPS Staff Member Unaccompanied Youth Community Agent

**STUDENT/FAMILY INFORMATION**

First Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Family Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Family Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where family is currently staying/or living most of the time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total children in family: \_\_\_\_\_\_ # of children age 0-2: \_\_\_\_ # of children age 3-5: \_\_\_\_

Student/Family notified of referral (circle one): Yes No Maybe

**LIVING SITUATION (Where does the child sleep at night?)**

* Hotel/Motel
* Shelter/Transitional Housing
* Substandard Dwelling
* Unsheltered- Camping/RV/Car
* Couch Surfing
* Doubled Up (due to economic hardship or natural disaster)
* Unaccompanied Youth
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Existing PPS Students**

| **First/Last Name****(List oldest student first)** | **Synergy ID (Required)** | **DOB** | **Grade** | **Gender** | **Enrolling school** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |

**Students New to PPS**

| **First/Last Name****(List oldest student first)** | **Previous School**  **city and state** | **DOB** | **Grade** | **Gender** | **Enrolling school** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |
|  |  |  |  | M F NB |  |

**SERVICES REQUESTED**

* **Transportation to school (Subject to specific criteria)**
* **Backpack**
* **School Supplies**
* **Food Box Referral**
* **Clothing Closet Referral**
* **Hygiene Supplies**
* **Academic Support**
* **Tutoring**
* **Winter Coat/Shoes**
* **Laundry Assistance**
* **Housing Information**
* **Graduation Cap and Gown**
* **FAFSA Letter for Unaccompanied Youth**
* **Emergency Assistance**
* **Other: Please Describe**

**AFFIDAVIT**

Please explain how housing was lost and provide contact information (name/address/phone) for where applicant is currently staying in a homeless situation (hosting person if doubled up at someone else's residence, motel, shelter, transitional housing program, etc.) Please note: we will NOT contact the landlords or housing agencies of hosting person. If this is a domestic violence situation, we will keep the location confidential, but please provide case manager contact info for the agency assisting the applicant if applicable. We may need to contact the host for proof of residence. If the student is in need of clothing or shoes, please add the sizes here.



**AFFIDAVIT (Continued)**

