



Transitory Services (Education of Homeless Children and Youth Program)  
(202) 741-6412  
Fax: (202) 741-0227  
[www.osse.dc.gov](http://www.osse.dc.gov)

**Title X Part C McKinney-Vento  
Confidential Referral Form**

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ M/F: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ School ID Number \_\_\_\_\_  
[School of Origin]

Location of School: \_\_\_\_\_  
[City] [State]

Referring Person: \_\_\_\_\_ Position: \_\_\_\_\_

***Please check all that apply for the following areas of concern relevant to the student:***

Student lacks a permanent residence \_\_\_\_\_ Doubled-Up (living with someone temporarily) \_\_\_\_\_

Student is unable to pay school fees \_\_\_\_\_ Unaccompanied (guardian not with student) \_\_\_\_\_

Immunizations are needed \_\_\_\_\_ Sheltered (living in a community shelter) \_\_\_\_\_

Excessive absences \_\_\_\_\_ Unsheltered (on the streets/unfit building) \_\_\_\_\_

Lacks academic records/documents \_\_\_\_\_ Hotel/Motel \_\_\_\_\_

Experiencing academic delays \_\_\_\_\_ Unknown \_\_\_\_\_

In need of school supplies \_\_\_\_\_

In need of school transportation \_\_\_\_\_

In need of resource referrals \_\_\_\_\_

In need of medical attention \_\_\_\_\_

In need of clothing/uniforms \_\_\_\_\_

Completed academic assessment \_\_\_\_\_

Possesses a current I.E.P. (SPED) \_\_\_\_\_

Services needed:  
IDEA \_\_\_\_\_ LEP/ESL \_\_\_\_\_ 504 \_\_\_\_\_ Home Bound \_\_\_\_\_ Migratory \_\_\_\_\_ Other: \_\_\_\_\_

Other children in the home (list names and ages): \_\_\_\_\_

School Based Liaison: \_\_\_\_\_  
[Name] [Phone]

\_\_\_\_\_ Copy sent to OSSE \_\_\_\_\_ Copy placed in student's cumulative record