



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:

1. 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
2. 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)