



Stewart B. McKinney Homeless Assistance Act  
Student Identification for Referral and Eligibility Form

School: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary

Phone #: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Complete only if it shows your child's current living situation or your living situation if you are a youth not living with a parent or guardian. Check the appropriate box.**

\_\_\_\_\_ Child resides in motels, hotels, camping grounds due to lack of adequate alternative accommodations.

\_\_\_\_\_ Child resides in temporary shelter.  
(Runaway, domestic violence, substance abuse, etc.)

\_\_\_\_\_ Child resides with relatives or friends. Reason: \_\_\_\_\_

\_\_\_\_\_ Child resides in non/sub-standard domiciles or on the "streets".  
(Tents, vehicles, parks, bus station, train station, abandoned buildings, condemned areas, etc.)

\_\_\_\_\_ Unaccompanied Homeless Youth

**Possible Barriers to Education:**

\_\_\_\_\_ School Records \_\_\_\_\_ Immunization or other medical records \_\_\_\_\_ Transportation \_\_\_\_\_ School Selection

To the best of my knowledge, the information in this document is accurate.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
My Commission Expires

**Office Use Only:**

\_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible