



Holyoke School Department – 57 Suffolk Street
Holyoke, Massachusetts 01040
Tel. (413) 534-2000 Ext. 220 Fax (413) 534-2037

Dr. Stephen Zrike Jr., Receiver
Mrs. Rebeca Chaverri, Homeless Educational Coordinator

Homeless Student Referral

Your child may be eligible for additional educational services through Title I and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Date of Referral: _____

From: _____ Assigned School: _____
(Print Name of Person and Agency Making Referral)

Student's Name _____ Gr. _____

Current Address: _____ Tel. _____

Information provided on this form is confidential.

Do you live in any of these following situations?

____ Sharing the housing of other persons due to (check one):

____ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)

Explain: _____

____ Long-term, cooperative living arrangement to save money or a similar reason.

____ A convenient living arrangement or waiting for apartment or house to be ready.

____ Other (please specify): _____

____ In a Hotel/Motel.

____ Family is living in a shelter.

____ Child is awaiting foster placement.

____ With an adult that is not a parent or legal guardian, or alone without an adult.

____ I have filled out and completed a Massachusetts Caregiver Authorization Affidavit.

____ I have not filled out and completed a Massachusetts Caregiver Authorization Affidavit.

____ In a vehicle of any kind, parks, public spaces, abandoned buildings, substandard housing or similar setting.

Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff? Yes No

The undersigned certifies that the information provided above is accurate.

(Print) Parent/Guardian/Adult Caring for Student

(Signature)

(Date)

School Advocate or Administrator: Based on the above information and a brief interview with this family, I attest to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

(Print) Advocate or School Administrator Name

(Signature)

(S.A.C. Office Use Only)

The following registration documentation is lacking (check all that applies):

- _____ Proof of Residence (if not living in shelter)
- _____ Birth Certificate
- _____ Social Security
- _____ Physical Examination
- _____ Immunization Records
- _____ Confirmation of Grade
- _____ Massachusetts Transfer
- _____ Language Assessment (if a language other than English has been indicated on the application)
- _____ Special Education Documentation (I.E.P., if applicable)
- _____ Legal guardianship documentation (applicable if someone other than custodial parent is registering student)

Signature of Person Completing Form: _____ Date: _____

“A community working together to prepare our students for their future”