



# SPECIAL PROJECTS OFFICE

Salinas Union High School District

1155 E. Alisal St. Room H4, Salinas, CA 93905

## School Referral Form for Possible McKinney-Vento Homeless Student Identification

### 1. REFERRAL INFORMATION – SEND THIS FORM TO YOUR COMMUNITY LIAISON

Request Date: \_\_\_\_\_ Staff Making Request: \_\_\_\_\_

Contact Information: \_\_\_\_\_

I am requesting that the student listed below be reviewed as a potential YIT student:

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

### 2. PLEASE CHECK YOUR BEST UNDERSTANDING OF THE STUDENT'S LIVING SITUATION

<input type="checkbox"/> Living in a hotel or motel	<input type="checkbox"/> Living in a residence with inadequate facilities (no water, no heat, or no electricity)
<input type="checkbox"/> Living in a homeless shelter or transitional housing	<input type="checkbox"/> Living in an encampment or on the street
<input type="checkbox"/> Moving from place to place/couch surfing	<input type="checkbox"/> Living in a shed or unconverted garage
<input type="checkbox"/> Living in a car, RV, park, campsite, or similar location	<input type="checkbox"/> Living in someone else's house or apartment due to financial difficulties or loss of housing

### 3. OTHER INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

### 4. COMMUNITY LIAISON FOLLOW UP

Date Received: \_\_\_\_\_ Community Liaison Signature: \_\_\_\_\_

Date of contact with parent, guardian, or student: \_\_\_\_\_

Student **does not** qualifies YIT

Student **qualifies** for YIT

Complete Residency Questionnaire

Notes:

\_\_\_\_\_  
\_\_\_\_\_

### 5. REGISTRAR

Student has been tagged as Youth in Transition in SIS

Original form to be filed in the student's cum.

Registrar Initials: \_\_\_\_\_ Date: \_\_\_\_\_