

➔ Referring Agency/School \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Phone \_\_\_\_\_

### HOMELESS SERVICES REFERRAL

This form can be emailed to: Homeless-Services@scusd.edu

*\*School enrollment assistance   \*Information on local resources   \*Help for runaways or youth living on their own*

#### A. WHO IS REFERRING?

TODAY'S DATE    -    -

- \_\_\_\_ School or Agency Referral (fill in top right)  
 \_\_\_\_ Parent / Student Self-Referral.

#### B. STUDENT & FAMILY INFORMATION

This referral is for:     Parent/Guardian     Student

Full Name:  Parent/Guardian     Student    Phone \_\_\_\_\_    Email \_\_\_\_\_  
 What language is spoken? \_\_\_\_\_

#### Students & Children in family

If school age, please provide student information below

Names, First and Last	Birthdate	Grade	Most recent school	Student Number (8 digit #)

#### C. HOUSING INFORMATION

Housing situation & address: Fill in **Primary/Permanent** OR **Homeless** (not both)

- Primary/Permanent Residence:** A fixed, regular, & adequate residence that is a primary residence (long-term, stable). Fill in below.

Address \_\_\_\_\_ Rm/Apt \_\_\_\_\_ City \_\_\_\_\_ Move-in date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Type of address?     Their own home or shared housing (on rental agreement)     Residential hotel

What is the current status of this Primary residence? (check **one** box below and fill in blanks)

- There are no immediate plans to move from this address
- Wants to move from this address & is looking for new housing. Reason for move \_\_\_\_\_
- Has received an eviction, foreclosure, or move-out notice. Must move by \_\_\_\_/\_\_\_\_/\_\_\_\_

- Unhoused/Homeless:** Lacking a fixed, regular & adequate nighttime residence (temporary address, not stable or secure). Fill in:

Where does the family / student spend their nights? Check **one box** for their most current situation and fill in blanks.

Hotel name \_\_\_\_\_ Address \_\_\_\_\_ Rm \_\_\_\_\_ Move-in date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Shelter name \_\_\_\_\_ Address \_\_\_\_\_ Move-in date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Temporarily Doubled-up: Moved in to a person's home due to a loss of housing or financial problems (eviction, job loss, etc)

Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Move-in date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Unsheltered : Check **one box** for their most current situation and fill in blanks.

Car, RV, Travel trailer: Location or address \_\_\_\_\_ Start date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Abandoned/condemned building: Address \_\_\_\_\_ Start date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Park/ Campground: Park name & address \_\_\_\_\_ Start date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Other (describe): \_\_\_\_\_ Address \_\_\_\_\_ Start date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### D. REASON FOR REFERRAL

FYI only     Services needed: \_\_\_\_\_