

➔ Referring Agency/School _____
 Contact person _____
 Phone _____

REFERRAL

Please email this form to monicamc@scusd.edu
 Appointments only- We cannot take "drop-ins" at this time.

**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
 ____ Parent / Student Self Referral.

B. STUDENT & FAMILY INFORMATION

This referral is for: Parent/Guardian Student

____ Parent/Guardian or Student full name (print) _____ Yes / No _____ Phone _____
 _____ Relationship to children Speak English? If no, what language?
 (parent/guardian/relative, etc) _____ **Please call with an interpreter**

Children in family

If school age, please provide student information below

Names, first & last (print)	Birthdate	Grade	Most recent school	City & State of school	Date enrolled
_____	_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____	_____ to _____

C. HOUSING INFORMATION

Type of housing & address: Fill in Primary/Permanent **OR** Homeless (not both)

Primary/Permanent Residence: A fixed, regular, & adequate residence that is a primary residence. Fill in below.

Address _____ Rm/Apt _____ City _____ Move-in date ____ - ____ - ____

Type of address? The family's home Shared housing/roommates Residential hotel/motel Mobil home/trailer park

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
- The family plans to move from this address & is looking for new housing. Reason for move _____
- The family has received an eviction, foreclosure, or move-out notice. Must move by ____/____/____

Homeless: Lacking a fixed, regular & adequate nighttime residence. Fill in below.

Where does the family / student spend their nights? Check **one box** for the most current situation, & 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 ____ - ____ - ____

- Temporarily Unsheltered** : Check **one** box below, & fill in blanks for address/location of where you spend your nights
 - car: Location or address _____ Start date ____ - ____ - ____
 - Abandoned/condemned building: Address _____ Start date ____ - ____ - ____
 - park/campground: Park name & address _____ Start date ____ - ____ - ____
 - Trailer: Trailer park name, if any _____ Address _____ Start date ____ - ____ - ____
 - Other (describe): _____ Start date ____ - ____ - ____

D. REASON FOR REFERRAL

FYI only Services needed _____