

Barre Unified Union School District  
**Referral to Homeless Education Liaison Form**

Referred by: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Role: \_\_\_\_\_

I have identified a student who may be experiencing homelessness (*lacking a fixed, regular, and adequate nighttime residence*) and would like to make a referral to the BUUSD Homeless Education Liaison.

**STUDENT INFORMATION:**

Student's Name(s) and Grade Level(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian phone # \_\_\_\_\_

School where student(s) was last enrolled: \_\_\_\_\_

Does the student need any specific services (IEP, tutoring, materials) at this time?    \_\_\_ YES    \_\_\_ NO

If YES, please specify: \_\_\_\_\_

**REASON FOR REFERRAL (CHECK ALL THAT APPLY AND PROVIDE DETAILS IF POSSIBLE)**

- \_\_\_\_\_ Shelter Resident
- \_\_\_\_\_ Shared Housing (Doubled Up)
- \_\_\_\_\_ Motel or Hotel Resident (at \_\_\_\_\_)
- \_\_\_\_\_ Unsheltered (Cars, Parks, Campground/Tent, etc.)
- \_\_\_\_\_ Other: \_\_\_\_\_

**IS TRANSPORTATION TO / FROM SCHOOL NEEDED?**    \_\_\_ YES    \_\_\_ NO

**FOR BUUSD OFFICE ONLY** \*\*\*\*\*

Date Liaison Received Referral: \_\_\_\_\_

BUUSD Homeless Education Liaison Signature: \_\_\_\_\_

**Student Deemed Homeless?**    \_\_\_ YES    \_\_\_ NO    **Date:** \_\_\_\_\_

Letter sent to Parent/Guardian(s) on \_\_\_\_\_ via \_\_\_\_\_

Data entered in Infinite Campus on: \_\_\_\_\_

Transportation arrangement made: \_\_\_\_\_