

Student Referral to *Project* Hope NRV

Winter 2013

School _____ Student Name _____ Date _____

Referral Source _____ Title _____ Contact Information _____

- New Referral -Please complete All information. (You may attach SASI or Registration materials containing the same information.)
- Update - Complete only information that has changed.
- Request for additional services - Complete appropriate sections.

Student Information: DOB _____ / _____ / _____ Male Female Grade _____

Ethnicity: American Indian/Alaskan Asian/Pacific Islander Black, Not of Hispanic Origin
 Hispanic White, Not of Hispanic Origin Unspecified

Check all that apply:

Receives the following services: Special Education 504 Services ESL/ELL/ESOL Gifted and Talented
 Title I Other:

Enrolled in the following classes: Vocational Education Advanced Placement Dual Enrollment Honors

Student's Current Location: _____ City: _____ Phone _____

Who is the adult responsible for this child at this location: _____ Relationship _____

Is this person the legal guardian? Yes No Unclear (Step-parents, grandparents and other relatives are not automatically guardians.)

Contact Information: (phone, msg phone etc.) _____

If student is not residing with the Parent or LEGAL Guardian, give parent or guardian's name, address and contact information below:

Name _____ Phone(s) _____

Address: _____ City: _____ State: _____ Zip: _____

Is the student presently living:

- Doubled up with more than one family or relative
- In a shelter
- In a motel
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In housing that is inadequate or substandard.
- Awaiting foster care placement.
- With a stepparent, grandparent, relative, or caretaker that is not a legal guardian
- With friend(s) or alone.
- Other: (Please describe.)

The student is in need of assistance with the following: (Check any that apply.)

- | | |
|---|--|
| <input type="radio"/> Enrollment / Transfer
Other School _____ | <input type="radio"/> Missing Documentation: Birth Certificate |
| <input type="radio"/> Transportation to and from school | <input type="radio"/> Missing Documentation: Social Security Card |
| <input type="radio"/> School Supplies | <input type="radio"/> Missing Documentation: Proof of Residency |
| <input type="radio"/> School Clothing | <input type="radio"/> Missing Documentation: Immunization Record |
| <input type="radio"/> School Program Participation Assistance | <input type="radio"/> Missing Documentation: Custodial Documentation |
| | <input type="radio"/> Missing Documentation: School Records |

What are your concerns for this student other than those listed above? Please describe circumstances that you feel are relevant or other services you feel that the family needs.

Are there siblings? Yes No Did the family receive the "What Families Need to Know" pamphlet? Yes No
Has the School Based Homeless Contact been notified? Yes No

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