



Family/Student Referral Form

Please fill out one Referral Form per student and fax to (734) 994-2203.

Date: _____ Referral Contact/Agency: _____ Referral Phone: _____

Student's Name	Gender	DOB	Grade	Special Education/ IEP	School Where Currently Enrolled	Date Started School	Participating In:
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs evaluation			<input type="checkbox"/> Vocational <input type="checkbox"/> Tutoring <input type="checkbox"/> English Language Learner

If not enrolled, what school did the student previously attend? _____

Parent/Guardian/Caregiver Name (circle which one)	Phone Number(s)	Email	Best time to reach	Does the parent want to volunteer with the school?
			<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact 1: _____ Emergency Contact 2: _____

Is the student living with parent/guardian? Yes No Total # of Children in Household: _____

Student's Phone Number: _____ Student's Email: _____

How is this student doing in school?	Does this student have a place to study?	Does this student need tutoring?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No

Services Needed (Liaison and School Ally: If you assist with a service, please note that)

- School transportation Pick-up location: _____ Drop-off location: _____
 Pick-up time: _____ Drop-off time: _____
- School supplies: _____ (include backpack color choice)
- Socks and underwear: _____ (sizes)
- Winter coat, hat, gloves: _____ (coat size)
- Clothing referral Credit recovery (high school) Medical / counseling referrals
- Enrollment assistance Truancy prevention/Dropout outreach Books: _____
- Education-related expenses Child care scholarship referral Toiletries: _____
- Housing crisis referrals Food/ free lunch Other: _____



TEMPORARY RESIDENCE STATEMENT

This form helps determine eligibility under the federal McKinney-Vento Act. Only 1 form per family needed.

Name of Student(s): _____

Name of Parent/Guardian/Caretaker (write NA if unavailable): _____

1. The student(s) **temporarily** stays in one of the following situations:

- Emergency shelter or transitional housing
- Motel/hotel
- Campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations; or abandoned in a hospital.
- Temporary foster care placement (generally any placement less than 6 months)
- Shares housing (doubled up or "couch surfing") with family or friends due to loss of housing, economic hardship or similar reasons such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.

2. The reason for this living situation is:

- Unemployment Evicted Inadequate income Fire/Natural disaster
- Kicked out Family conflict Unsafe conditions Other: _____

3. Since this date: _____, I have lived in this temporary address:

STREET	CITY	STATE	ZIP CODE
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4. I declare that the information provided here is true and correct and of my own personal knowledge and that, if called to testify, I would be competent to do so. I also understand that the school district may seek to verify that this is a true statement and if not, the student could be asked to change schools.

Signature: _____ Date: _____

PERMISSION TO EXCHANGE INFORMATION

The Education Project staff respects a client's right to privacy. To ensure coordination and the best services possible, as well as to ensure the school district is complying with federal law and The Education Project is complying with federal and state grant data reporting requirements, I, (client name: _____), give permission to the Education Project staff to release and exchange information with school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) as needed about the following student(s): _____.

I also give permission to the Education Project staff to release and exchange information with community agencies that are assisting the student(s) or are being asked to assist the student(s). This consent is voluntary and subject to revocation at any time.

Signature: _____ Date: _____



Know Your Rights

This form MUST be given to every eligible family and unaccompanied youth.

If you live temporarily in a shelter, motel, vehicle, campground, on the street, in abandoned buildings, a temporary foster care placement or doubled up with relatives or friends, you are considered eligible for services under the McKinney-Vento Act.

These students have the right to:

- ▶ Continue in their “school of origin” (the school they last attended when permanently housed or the school they last attended), if that is your choice and it is feasible, or attend the neighborhood school where you are currently living.
- ▶ Receive transportation to the school of origin if requested.
- ▶ Immediately enroll and attend classes without providing a permanent address, past school or immunization records, proof of guardianship, etc. You still must fill out enrollment packets.
- ▶ Receive free lunch.
- ▶ Receive equal access to education and support services and if eligible, participate in before- and after-school activities.

When receiving services from the Education Project, you can expect:

- ▶ To be treated with dignity.
- ▶ To be treated as an individual with personalized needs.
- ▶ To have your privacy respected and protected.
- ▶ To be given a form to sign that gives our office permission to provide services and exchange information with schools and relevant community agencies.

Services are enhanced when:

- ▶ Phone calls are returned promptly.
- ▶ We are given advance notice of requests.

It is your responsibility to:

- ▶ Call the school when you’ll be absent.
- ▶ **Call your transportation contact when arranged transportation (i.e. a cab) is not needed.**
- ▶ Call us if you plan to move so we can help with any transition.
- ▶ Call us when your contact information changes.

We want to hear from you if you think your rights have been violated or you have a complaint about Education Project services. Your services WILL NOT be impacted when you lodge a complaint.

- ▶ Please call us and tell us your concern. We will work together on a solution. If your complaint is with a local school, we will follow district procedures to help resolve it.
- ▶ If you feel like your needs weren’t met, you will be put into contact with Zoe Starkweather, who oversees our office, within 5 days.
- ▶ If the matter is still not resolved, Zoe Starkweather will set up a meeting with a WISD administrator within 5 days.
- ▶ If we are unable to reach a resolution locally, we will advise how to file a written complain with the Michigan Department of Education.



Education Project Services

This form MUST be given to every eligible family and unaccompanied youth..

We are a project of the Washtenaw Intermediate School District that works to ensure students in temporary living situations enroll, regularly attend and succeed in school. We serve students, ages 0-21, from the 10 school districts and nine public school academies in the county. Each school district and public school academy has a McKinney-Vento liaison and we work directly with them to supplement services.

We are funded primarily through the federal McKinney-Vento Act, reauthorized in January of 2002. The Act guarantees that students in temporary living situations have equal access to the same free and appropriate public education provided to others.

Eligibility

The federal McKinney-Vento Act considers individuals who lack a fixed, regular and adequate nighttime residence as homeless. This includes students living in the following situations:

- ▶ Emergency shelters / transitional housing.
- ▶ Motels or hotels.
- ▶ Cars, parks or public spaces.
- ▶ Shared housing due to a loss of housing, economic hardship, safety concern, etc.
- ▶ Temporary foster care placement (less than 6 months) or living temporarily with a non-parent or guardian.

Services

Advocacy

- ▶ Offer advocacy, technical support and guidance in matters involving school enrollment and other academic difficulties.

Transportation

- ▶ Coordinate school transportation and provide funding for stop-gap transportation, based on availability.
- ▶ Offer creative solutions to transportation challenges.

School Supplies

- ▶ Distribute school supplies.

Financial Assistance

- ▶ Assist students with a wide variety of school-related financial needs such as online classes, graduation, field trip and school activities.

Academic Support

- ▶ Pay for credit recovery classes.
- ▶ Help students make educational plans to graduate.
- ▶ Work to connect students to tutoring.
- ▶ Intervene to assist with truancy.
- ▶ Try to reconnect students who have dropped out.

Crisis Support

- ▶ Work to end homelessness by connecting families to housing crisis assistance.
- ▶ Assist with clothing through referrals and donations.
- ▶ Provide referrals for medical, counseling, emergency food and personal items.

Why is extra support needed?

- ▶ With each change in schools, a student is **set back academically by an average of four to six months.**
- ▶ 75% of runaway and homeless youth have **dropped out or will drop out of school.**
- ▶ Across the country, one in five homeless school-aged children **repeats a grade in school**, twice the national rate for all children.



Health Services

Dear Parent / Guardian / Caregiver / Student _____ :

The Education Project and Regional Alliance for Healthy Schools (RAHS) School Based Health Centers are partnering to improve the health and well being of students and families living in homeless and temporary living situations. Healthy students are more successful in school.

What is the RAHS School-Based Health Center?

- We are part of the University of Michigan Hospitals and Health Centers and provide health services to students at Scarlett Middle School, Stone School, Ypsilanti Middle School, Ypsilanti High School and Willow Run Community Schools. **We also serve students referred by The Education Project from surrounding districts.**
- We are staffed by physicians, nurse practitioners, and social workers and are available for your child's physical and mental health needs.
- The purpose of this program is to provide quality healthcare in a youth-friendly setting, at a time that is convenient to the student and family. We are NOT trying to replace your regular source of healthcare.
- We do not provide transportation to appointments.
- RAHS accepts all health insurance and also provides services for those with no insurance.

Health Needs

Please check which of the following you may need help with:

- Sport physicals / Physical exams
- Immunizations
- Medicaid application
- Pregnancy/STI/HIV testing and counseling (MI law mandates confidential services)
- Prenatal care
- Mental health care / counseling / family counseling
- Vision or dental screening
- Basic lab tests
- Health education / nutrition education / risk prevention counseling
- Other: _____

What happens next?

If needed, you will be connected to RAHS or other healthcare resource. Those seen at RAHS will be given consent and registrations forms (see http://www.a2schools.org/rahs/rahs_forms). If your student is insured, RAHS will need a copy of your child's health insurance card.