



McKinney-Vento Confidential Referral Form

Please fill out this form and return to the registrar today prior to leaving the school. The school's social worker will contact you to share referrals requested below. Please also review the Family Resource Guide in your parent packet for referral resources.

Student Name _____ Age _____

School _____ Grade _____

Parent/Guardian Name _____ Phone # _____

Email Address _____

Student/Parent/Caregiver needs information about and/or referral to:

- | | |
|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Mental health support |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> School attendance |
| <input type="checkbox"/> Payment of school fees | <input type="checkbox"/> Food bank/Food stamps |
| <input type="checkbox"/> Academic support | <input type="checkbox"/> Assistance with graduation |
| <input type="checkbox"/> Holiday assistance | <input type="checkbox"/> Housing/Shelter |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Domestic violence support |
| <input type="checkbox"/> Vision/Hearing | <input type="checkbox"/> Parenting support |
| <input type="checkbox"/> Post-graduation opportunities | <input type="checkbox"/> Student over-age for grade |

Other, please specify:

Staff Registering Student _____

***Send completed form to McKinney-Vento Support Specialist (lisa_simes@ccpsnet.net or fax 804-739-6237). Place a copy in school social worker's box.**
