Student Referral to *Project* Hope NRV

Fall 2010

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: ❍ 1 American Indian/Alaskan ❍ 2 Asian/Pacific Islander ❍ 3 Black, Not of Hispanic Origin
❍ 4 Hispanic ❍ 5 White, Not of Hispanic Origin ❍ 6 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 LEGALGuardian, 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.)

- ❍ Enrollment / Transfer Other School_____
- ❍ Transportation to and from school
- ❍ School Supplies
- ❍ School Clothing
- ❍ School Program Participation Assistance
- ❍ Missing Documentation: Birth Certificate
- ❍ Missing Documentation: Social Security Card
- ❍ Missing Documentation: Proof of Residency
- ❍ Missing Documentation: Immunization Record
- ❍ Missing Documentation: Custodial Documentation
- ❍ 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

Aline Brinckman, Project Hope NRV Regional Coordinator, Cell: 540-577-0361 abrinckman@mcps.org
NRV Regional Hope Office: 755 Roanoke Rd. 1H, Christiansburg, VA 24073;
Office Phone: 540-382-5170 Fax: 540-381-6554