

Student Referral to Project Hope

School _____ Student Name _____ Date _____

Referral Source _____ Title _____ Contact Information _____

New Referral - Please complete All 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) _____

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:

- | | |
|--|---|
| <input type="radio"/> Doubled up with more than one family or relative | <input type="radio"/> In a shelter |
| <input type="radio"/> In a motel | <input type="radio"/> Moving from place to place |
| <input type="radio"/> With friend(s) or alone | <input type="radio"/> Awaiting foster care placement. |
| <input type="radio"/> In housing that is inadequate or substandard. | |
| <input type="radio"/> With a stepparent, grandparent, relative, or caretaker that is not a legal guardian | |
| <input type="radio"/> In a place not designed for ordinary sleeping accommodation such as a car, park, or campsite | |
| <input type="radio"/> 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 Documents |
| | <input type="radio"/> Missing Documentation: School Records |

Mary Cheverton, Homeless Liaison, Pulaski County Public Schools

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