

Department of Special Education and Student Services 25 Corporate Park Drive, P.O. 396 Hopewell Junction, NY 12533 (845) 298-5000 ext. 40135 Fax (845) 897-2482

## **Temporary Residence REFERRAL (McKinney-Vento Program)**

Students in temporary housing conditions may be eligible for additional school supports. Eligibility can be determined by completing the information below. Additional information may be needed.

ShelterHotel/Mote	elunshelte	red, in a car or camp	site _	awa	iting foster care		
Child NOT living with page	arent or guardia	ntemporarily l	living w	vith anoth	ner family or others	5	
Current Address:							
Fransportation required? ☐	□Yes □No	Date of housing	chang	e			
Address prior to temporary	housing						
Reason for current living si	ituation:						
Previous School and Distri	ct:						
Name of Child and School ID		Date of Birth	M F	Grade	Which School Attending in WCSD?	Include student ii housing: Y/N	
Parent/Guardian Name	Signature	Signature (if done in person) Date			Address if different from above		
Name of person completing the form  Title				Date			