

WAPPINGERS CENTRAL SCHOOL DISTRICT
25 Corporate Park Drive
Hopewell Junction, NY 12533
TEL 845-298-5000

Department of Special Education and Student Services
(845) 298-5000 ext. 40135 Fax (845) 897-2482
HOMELESS REFERRAL (MCKINNEY-VENTO)

Student Name: _____ Grade: _____ Start Date: _____
Assigned School: _____ ID: _____
Date of Birth: _____
Parent/Guardian: _____ Telephone Number: _____
Current Address: _____ Previous Address: _____

1. What best describes student's current living situation? Check one box:
- Shelter
 - Transitional Housing
 - Doubled up, with more than one family in house or apartment
 - Hotel/Motel
 - Unsheltered, in a car, or campsite
 - Awaiting Foster Care
 - With friends or family members (other than a parent or guardian)
 - Choices in section do not apply

Please describe current situation below. (Must be filled in)

2. Reason for current living condition: _____

3. Is family/student involved with outside agencies? Yes No
If so, please indicate contact person: _____

Phone #: _____ Title/Agency: _____

4. Is transportation required? Yes No
5. Previous School District: _____ Address: _____
6. Have records been received? Yes No
7. Does the student have a disability? Yes No If yes, please indicate: _____

Name of Person Completing the Form Title Date

Cc: Executive Director of Special Education
Food Service
Transportation

Guidance Office
Main Office