

**Referral to Homeless Education Liaison**

(For individual supervisory union/school district use only. Do not submit to the Vermont Department of Education)

Date: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

School/Agency and Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Student Information:**

I have identified a student who may be experiencing homelessness (*lacking a fixed, regular and adequate nighttime residence*) and would like to make a referral to the Homeless Education Liaison.

Student(s) : \_\_\_\_\_ Grade(s) \_\_\_\_\_

Parent and last known address: \_\_\_\_\_

School in which student was last enrolled: \_\_\_\_\_

Student's current address: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_

Reason for Referral: *Please check and provide details if available.*

- Shelter Resident
- Shared Housing (Doubled Up)
- Motel or Hotel Resident
- Campground/Tent
- Unaccompanied Youth (not in the physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence)
- Other: \_\_\_\_\_

**Liaison Information:**

Supervisory Union/School District: Grand Isle Supervisory Union

Homeless Education Liaison: Beth Hemingway

Address: 5038 US Route 2, North Hero, VT 05474

Phone Number: 802.372.6921 ext. 104 Email: bethemi@gisu.org

Date Liaison received referral: \_\_\_\_\_