Cuba Independent School District

**CHILDREN AND YOUTH IN TRANSITION/UNACCOMPANIED YOUTH**

**SCHOOL STAFF REFERRAL FORM**

With your help, students that may be in a homeless situation will be offered assistance such as backpacks and school supplies, class fee payment and transportation to and from school. You may also visit the CISD Federal Programs webpage to download this form on-line. If in the case of unaccompanied youth, parent/guardian name not required. **PLEASE SEND THIS FORM TO THE FAMILY CENTER SO THE STUDENT/FAMILY CAN RECEIVE SUPPORT.**

|  |  |
| --- | --- |
| Student’s Name: |  |
| Parent/Guardian’s Name: |  |
| Best Contact Phone Number: |  |
| Sibling Information: |  |
| Name of Person Making Referral: |  |
| Grade: |  |

Person making the referral (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Principal |  | Administrator |
|  | Bus Driver |  | Teacher |
|  | Coach |  | Secretary |
|  | Nurse |  | Counselor |
|  | Educational Assistant |  | Custodian |
|  | Other |  |  |

Reason(s) for the referral (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Doubling Up |  | Couch Surfing |
|  | No Utilities |  | Unaccompanied |
|  | No Food |  | No Electricity |
|  | High Poverty |  | No Heat |
|  | No Water |  | Inadequate Housing |
|  | No Supervision |  | Living in Vehicle |