

# Choices for Children



Child Development Incorporated

## Family Experiencing Homelessness Referral

To be completed by a legal, medical, or social services agency; local educational agency liaison for children and youth experiencing homelessness; Head Start program; or an emergency or transitional shelter. (Title 5, 18090)

Parent/Guardian Name:	Phone Number:
Mailing Address (if applicable):	Email:

Child Name/DOB:	Child Name/DOB:
Child Name/DOB:	Child Name/DOB:

“Family experiencing homelessness” is defined as set forth in section 11434(a)(2) of title 42 of the United States Code, known as the McKinney-Vento Homeless Assistance Act. (*Title 5, §18087*)

This includes but is not limited to:

- Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason.
- Staying in a shelter or other emergency housing.
- Staying in a hotel or motel, trailer park or camping ground due to a lack of alternative accommodation.
- Sleeping in a car, park, bus or train station, or campsite.
- Moving from place to place due to lack of permanent housing.

I attest the family meets the definition of family experiencing homelessness as defined by the McKinney-Vento Homeless Assistance Act mentioned above. I am a representative of the following agency: (select one)

<input type="checkbox"/> Emergency/Transitional Shelter	<input type="checkbox"/> Head Start	<input type="checkbox"/> Social Services
<input type="checkbox"/> Local Educational Liaison	<input type="checkbox"/> Medical	<input type="checkbox"/> Legal

Agency Name:	
Name and title of professional referring family:	Date:
Address:	Phone Number:
Signature:	Email: