



Creston School District No. 073

485 Southeast E Street
Creston, WA 99117

Voice: (509) 636-2721 Fax: (509) 636-2910

Net: www.creston.wednet.edu

Referred By _____

DATE _____

Family notified of referral Yes No NA

McKinney-Vento Homeless Program Liaison

Telephone: (509) 636-2721 Fax: (509) 636-2910

McKinney-Vento Homeless Referral Form

School _____ Teacher _____ Grade _____

Child's Name _____ SID _____ DOB _____ Age _____

Parent/Guardian _____ Relationship _____ Language _____

Address: _____ Phone: _____

<p style="text-align: center;">School Performance</p> <p><input type="checkbox"/> Irregular attendance</p> <p><input type="checkbox"/> Truant</p> <p><input type="checkbox"/> Sleeps in class</p> <p><input type="checkbox"/> Needs more self-motivation</p> <p><input type="checkbox"/> Homework not completed consistently</p> <p><input type="checkbox"/> Short attention span</p> <p><input type="checkbox"/> ELA far below basic</p> <p><input type="checkbox"/> Math far below basic</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Behavior</p> <p><input type="checkbox"/> Appears overly nervous</p> <p><input type="checkbox"/> Needs to concentrate</p> <p><input type="checkbox"/> Aggressive tendencies</p> <p><input type="checkbox"/> Shy/withdrawn tendencies</p> <p><input type="checkbox"/> Incidents of lying/stealing</p> <p><input type="checkbox"/> Needs more self confidence</p> <p><input type="checkbox"/> Appears sad</p> <p><input type="checkbox"/> Noncompliance/defiant</p> <p><input type="checkbox"/> Other _____</p>
<p style="text-align: center;">Medical/Physical</p> <p><input type="checkbox"/> Hygiene a concern</p> <p><input type="checkbox"/> Vision in question</p> <p><input type="checkbox"/> May need health care</p> <p><input type="checkbox"/> Immunizations not current</p> <p><input type="checkbox"/> Hearing in question</p> <p><input type="checkbox"/> May need dental services</p> <p><input type="checkbox"/> Head lice observed</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Home Environment</p> <p><input type="checkbox"/> Living arrangements may be unstable</p> <p><input type="checkbox"/> Lives with extended family</p> <p><input type="checkbox"/> Motel</p> <p><input type="checkbox"/> Single parent home</p> <p><input type="checkbox"/> No contact information for parents/guardians</p> <p><input type="checkbox"/> Familial substance abuse may be issue</p> <p><input type="checkbox"/> Other _____</p>

Family Services Believed to be Needed: (McKinney-Vento services for the homeless do not include case management, but does include interagency collaboration and providing information to assist families.)

food clothing housing dental health parenting classes employment
 substance abuse consultation/counseling mental health consultation/counseling
 training on head lice prevention other, please specify _____

Brief description of reason for referral _____

Send referrals to District Liaison: Dr. William J. Wadlington

Creston School District No. 073 does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Chuck Wyborney, Superintendent at 485 Southeast E Street, Creston, WA 99117. Telephone: 509-636-2721. Email: cwyborney@creston.wednet.edu.