

ATLANTA AREA SCHOOL FOR THE DEAF  
McKinney-Vento Referral  
2019-2020 School Year

\*Please complete this form, sign it and return to Amber White\*

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print First and Last Name)

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referral's Email address: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

**Contact Information of Parent/Guardian**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 et.seq. The answers to this residency information will help determine the services the student may be eligible to receive:

- Yes  No  Is the student's address a temporary living arrangement?
  - Yes  No  Is this temporary living arrangement due to loss of housing, economic hardship or similar reason?
  - Yes  No  Resides in a family or a friend's house with no guardianship (Doubled Up).  
Live with who? \_\_\_\_\_
  - Yes  No  Resides in a hotel/motel. Name of hotel: \_\_\_\_\_
  - Yes  No  Resides in a trailer park/camping ground. Name of park/camping ground: \_\_\_\_\_
  - Yes  No  Unaccompanied Youth (Foster care, group home, or independent living).
  - Yes  No  Shelter (Provided by government). Name of shelter: \_\_\_\_\_
  - Yes  No  Homeless (Sleeping in a car, public place, or abandoned building).
  - Yes  No  Re-Route Child's Transportation?
- Where was the child's county of residence? \_\_\_\_\_
- Where is the child's county of new location? \_\_\_\_\_

John Serrano, Superintendent \_\_\_\_\_  
(Signature)

Amber White, Social Worker/Homeless Liaison \_\_\_\_\_  
(Signature)

Marrie Tronolone \_\_\_\_\_  Sent to LSS/Transportation Department \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

\_\_\_\_\_  File in Records \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)