

**St. Clair County Schools  
McKinney-Vento Homeless Education  
Assistance Improvements Act of 2001**

**Homeless Referral Form**

**Date:** \_\_\_\_\_  
**Referred by:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_  
**Homeroom Teacher:** \_\_\_\_\_

**Please put a check by each one that applies to this child.**

Male \_\_\_\_\_  
Female \_\_\_\_\_  
White \_\_\_\_\_  
Black \_\_\_\_\_  
Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Indian \_\_\_\_\_  
Free lunch \_\_\_\_\_  
Paid lunch \_\_\_\_\_  
LEP \_\_\_\_\_  
Sp. Ed. \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**Request/Need** \_\_\_\_\_

**Send the referral and needs assessment to Betty Robinson, St. Clair County Homeless Liaison, at FAX # (205) 594-3258. The telephone number is (205) 594-7492 extension 247.**