

TUSCOLA INTERMEDIATE SCHOOL DISTRICT
MCKINNEY-VENTO STUDENT REFERRAL

Section 725(2) of the McKinney-Vento Act defines “homeless children and youths” as individuals who lack a fixed, regular, and adequate nighttime residence~ reauthorized by Title IX, Part A of the Every Student Succeeds Act of 2015

Current Date:	First Referral Date:		
Parent(s) Name:	Employer:		
Parent(s) Name:	Employer:		
Student Name/Number:			
DOB:	Age:	Grade:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
District:	School:	Phone:	
Referring Official:	Job Title:	Contact #	
Living Arrangements:			
Address:	City:	State:	
Phone #:	Work #:		
Previous School:	Previous District:	Previous Phone:	

Please indicate that the district has properly coded the above referenced student(s) in MSDS.

YES NO

Please indicate the specific educational services/support being provided by the District from the Direct Services below:

- | | |
|---|--|
| <input type="checkbox"/> Before or After School Program | <input type="checkbox"/> Mentoring or Tutoring |
| <input type="checkbox"/> Summer School | <input type="checkbox"/> Free Breakfast/Lunch |
| <input type="checkbox"/> Title I | <input type="checkbox"/> Section 31 A |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Bi-lingual |

Please indicate supplies/services that are being requested from McKinney-Vento Grant Funding:

- | | |
|---|---|
| <input type="checkbox"/> School Supplies: | <input type="checkbox"/> Clothing: |
| <input type="checkbox"/> Personal Needs (Care/Hygiene): | <input type="checkbox"/> Counseling Needs: |
| <input type="checkbox"/> Other (please explain): | <input type="checkbox"/> Medical/Dental/Vision: |

Determination on above requested expenses will be reviewed on a case-by-case basis.

Total Amount Requested:

Please submit to:

Angila Heinitz- MV Grant Coordinator - Tuscola Intermediate School District
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989.673.2144 ext 30426
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