



David Douglas School District Title X Referral

Name of student: _____

Name of school: _____ Counselor: _____

Name of person completing this form: _____

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The information below will be used to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night?

- _____ in a shelter
- _____ in a motel/hotel
- _____ in a car
- _____ independently (Unaccompanied Youth)
- _____ with friend or family member other than parent/guardian
- _____ in another location that is not appropriate for people (e.g., an abandoned building)
- _____ temporary with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)
- _____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices) _____
- _____ in transitional housing
- _____ in temporary custody
- _____ in a campsite

- Building Level Support (Resource Directory)
- District Level Support: Transportation*, Free/Reduced Lunch, Tracking
- Family Declines Services

_____ Transportation*

*(only eligible if living outside of district boundaries)

Address student needs transportation to and from each day:

Comments: _____

Parent/Student Signature: _____ Date: _____

* Signature indicates the above information is true

***Attach ESIS Student Index Card and send to the Title X Liaison, at the District Office