

**McKinney Vento Act  
Tri County Area Schools**

**Homeless Student Referral Form**

Date of Referral	
Referral Made By	

Student School Id Number	
Student Full Name	
Student Grade	
Student Birthdate	
Student SS# if available	
Address where living	
City & State & Zip Code	
Phone Number if available	
Contact Person	
Contact Person's Phone	

Please check the appropriate reason for the referral for homelessness.

- Doubled-Up living with another family, and/or Unaccompanied Youth
- Foster Care 0-6 months
- Living in shelter
- Other, please explain

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Other pertinent information:

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**Please send form to:     Kristi Teall, Homeless Liaison at Central Office  
Tri County Area Schools  
94 Cherry Street, P.O Box 79  
Sand Lake, MI 49343**