

**SY 2007-2008 MCKINNEY- VENTO REFERRAL FORM**

(Please complete and turn into to designated Site Contact)

Site Contact's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Referral \_\_\_\_\_

**STUDENT AND FAMILY INFORMATION**

Name of Student \_\_\_\_\_ Gender: Male Female

School \_\_\_\_\_ ID# \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Family's Primary Language \_\_\_\_\_

Educational Services: ELL  Spec. ED  Gifted  Vocational  Other: \_\_\_\_\_

Lives with: Parent(s)  Guardian(s)  Multiple Families  Friend  Unaccompanied

Lives in: Shelter  Hotel/motel  Multiple Family dwelling  Car/vehicle  Unsheltered (ie. park)

Other: \_\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_

Phone H: ( ) \_\_\_\_\_ W: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address \_\_\_\_\_

**Siblings**

NAME	ID#	SCHOOL	GRADE

Please describe the specific concerns, both academic and basic needs, for this student/ family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MSW USE ONLY**

Social Worker Signature: \_\_\_\_\_

Social Worker verifies qualification for MV

Student Name: \_\_\_\_\_

**POSSIBLE SERVICES OFFERED** (Please initial and date in each appropriate box to verify status)

TYPES OF SERVICES	CURRENTLY RECEIVES	NEEDS SERVICE	RECEIVED FROM SUSD	NOTES
Free Lunch				
Food Assistance				
Housing Referrals				
<b>School Clothing</b> (check need & add size information in notes)				<input type="checkbox"/> Shoes _____ <input type="checkbox"/> Pants _____ <input type="checkbox"/> Shirts _____ <input type="checkbox"/> Jacket _____ <input type="checkbox"/> Socks _____ <input type="checkbox"/> Bra _____ <input type="checkbox"/> Underwear _____
<b>School Supplies</b> (check specifics in notes)				<input type="checkbox"/> Backpack <input type="checkbox"/> Art Supplies <input type="checkbox"/> Paper <input type="checkbox"/> Binder <input type="checkbox"/> Stapler <input type="checkbox"/> Folder <input type="checkbox"/> Pen/ Pencils <input type="checkbox"/> Glue/ Tape <input type="checkbox"/> Ruler Other: _____
Tutoring				
Summer School				
After-School Programs				What program?
Instrument Rental				
Athletic/ Club Fee				
Transportation for School				<input type="checkbox"/> SUSD Bus Transportation <input type="checkbox"/> Mileage Reimbursement Other: _____
Medical/ Dental/ Vision/ Counseling				
Other:				

**RESOURCES FOR FAMILIES**

- \* SUSD Homeless Resource Webpage: [www.susd.org](http://www.susd.org) (click on DISTRICT DEPARTMENTS → EXCELLING TEACHING & LEARNING → SOCIAL SERVICES)
- \* Community Information & Referral: 602-263-8856
- \* City of Scottsdale/ Vista Del Camino: 480-312-2323

NAME	Assigned Schools/Complexes	Daily Placement	Contact Number
Suzanne (Suzi) Wall	Supai, Yavapai, Tonalea, ANLC	Supai	480-484-5802
Katie Kunitzer	Coronado, SVA, Pima, Hohokam	Coronado	480-484-6816
Laurie Rosales	Arcadia Complex (except ANLC) & Chaparral Complex	Ingleside	480-484-4919
Kathleen Woods	Saguaro Complex & Desert Mtn. Complex	Mohave	480-484-5206