

# Bedford County Public Schools

## Notification of Homeless Child

Name of Student: \_\_\_\_\_ BCPS ID# \_\_\_\_\_

Name of school: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Ethnicity: 01- American Indian/Alaskan Native 02-Asian 03-Black (Non-Hispanic) 04 – Hispanic  
05 – White (Non-Hispanic) 06-Native Hawaiian or Other Pacific Islander 00-Unspecified

Please identify the type of housing the child is currently staying in from the following codes: \_\_\_\_\_

Housing: S-Shelter H/M-Hotel/Motel C-Campsite R/F-Relative/Friend O-Other

Note: If "Other" is listed for Housing, please provide additional details on the back of this form. Thank you.

Current Address: \_\_\_\_\_

Current Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\*\*\*\*\* **ARE THERE PRESCHOOLERS IN THE FAMILY?** \_\_\_\_\_ (Yes/No) \*\*\*\*\*

Check all services the student currently receives:

- ☐ Special Education
- ☐ Title I
- ☐ ELL
- ☐ Migrant Programs
- ☐ After School Program
- ☐ Tutoring
- ☐ Medicaid
- ☐ Counseling
- ☐ Other (list): \_\_\_\_\_

Transportation Needs:

- ☐ Transportation needed to school of origin. School: \_\_\_\_\_
- ☐ Transportation is not needed
  - \_\_\_\_ Child will ride his/her regular school bus
  - \_\_\_\_ Parents will provide transportation

☐ Parents were provided information regarding educational and related opportunities while homeless.

Referring Source:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Referral to McKinney-Vento Liaison: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please forward to: Diane Isenhour, McKinney-Vento Liaison

310 S. Bridge Street, Bedford, VA 24523

Phone: (540) 586-1045 ext. 10274 | Fax: (540) 586-7703