



HELP Program – Homeless Liaison
McKinney-Vento Referral Form

Please complete this form for students of families who you feel might qualify for the HELP Program and McKinney-Vento services. All information on this form will remain confidential.

Student Name: Student ID #:

School Name: Grade Level:

Parent Name: Contact Number(s):

Referring Staff Name & Position: Today's Date:

To the best of your knowledge, current living situation of student:

- Sharing the housing of others (doubled up) due to economic hardship
- Shelter (living in a shelter, transitional housing); awaiting foster care
- Unsheltered (car, park, campground, etc.)
- Living in hotel/motel
- Substandard housing
- Other:

Is this student an Unaccompanied Youth? Yes/No

Does this student have any academic concerns that you are aware of?

Please list any academic support that has been provided for this student by your school:

Please note any other relevant information below:

Please return by email to your HELP Case Manager

HELP Case Manager:
Frank Edney · 828-388-0294 · feedney@hcpsnc.org