Yaak School **Referral: Child or Youth who may be Homeless**

DISTRICT INFORMATION: Please give this referral form to the following person:

District Liaison: Patricia Lauer	Phone: 406-295-9864			
District Address: 29893 Yaak River Rd. Troy MT	Email: tlauer@yaakschool.org			
REFERRAL SOURCE:				
Name or Agency:	Title:			
Email:	Phone:			
STUDENT INFORMATION: The following children or youth(s) may be homeless.				
Student:				
Current Address or Location:				
Contact Information (Parent, Guardian, or Other):				
Name of Current School or School Last Attended (if known):				
REASON FOR REFERRAL Please check one of the following as a reason for referral and indicate details. Yo	ou may attach more information if necessary.			

Where is the student currently living? (Please check one)

- □ In a motel or hotel due to loss of housing or financial hardship
- □ In an emergency shelter, transitional housing facility, or abandoned in a hospital
- □ Sharing another family's house or apartment
- □ In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or an abandoned building
- **I** In a bus or train station
- □ Moving from place to place (couch surfing)
- □ In a public or private place not meant to be used as a regular place for people to sleep
- Other:

ADDITIONAL COMMENTS (include names of additional children in this family here):

		OFFICE USE ONLY	
Date Referral Received:	Additional Comments/Information:		
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