



Referral Form 2023/2024

Please return completed referral to:

Malea Horn
Homeless Liaison
Barnes Butte Elementary
1875 NE Iron Horse Way
Prineville, OR 97754
541.416.4150 Ext 3611

Student Name _____ SSID # _____ D.O.B _____

School _____ grade _____ Is the student: Special Ed ELL TAG Migrant Voc. ED

Student Name _____ SSID # _____ D.O.B _____

School _____ grade _____ Is the student: Special Ed ELL TAG Migrant Voc. ED

Student Name _____ SSID # _____ D.O.B _____

School _____ grade _____ Is the student: Special Ed ELL TAG Migrant Voc. ED

Who does student live with?

- Mom Dad Step Parent Relative Friend Legal Guardian Unaccompanied

Name _____ Phone Number(s) _____

Address _____

Other children residing there including under 5? Please list:

Name _____ School _____ Grade _____ D.O.B _____ SSID# _____

Name _____ School _____ Grade _____ D.O.B _____ SSID# _____

Name _____ School _____ Grade _____ D.O.B _____ SSID# _____

Where does the student stay at night? shelter or transitional program motel doubled- up with another family
 unsheltered (camping, car, RV, Substandard housing) other _____

Notes: (Stability of living situation, etc. What you tell me will help me assist this family in the best way possible).

Office use only

Synergy _____ Transportation _____
 Nutrition _____ Excel _____
 FAN _____ FAFSA _____

I attest that the information presented here regarding my current living situation is accurate to the best of my knowledge. By signing, I also confirm that if **CROOK COUNTY SCHOOL DISTRICT** finds the above information was knowingly falsified, exaggerated, or otherwise misrepresented for the purposes of school enrollment, services, transportation, or uses of school or Title I-A funds, I may be liable for all costs incurred by the school district based on this determination of eligibility under the federal McKinney-Vento Act.

Signature: _____ Date: _____

Completed by: _____ Date _____