

SPRING HILL PUBLIC SCHOOL HOMELESS REFERRAL

Date of Referral _____ Referred by _____

Name of School _____

Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number/Cell Number _____

Reason For Referral: (check all that apply)

- _____ Student living in doubled-up accommodations
- _____ Student lacks a regular place to live
- _____ Student has inadequate place to live
- _____ Student living in a welfare hotel
- _____ Student living in transitional housing shelter
- _____ Student living in a car
- _____ Student abandoned
- _____ Student living in a home for neglected students
- _____ Student living in temporary trailer park or campground
- _____ Student living in foster home for lack of shelter care
- _____ Student living in an institution because he/she has no other place to live
- _____ Migrant student living in an unfit habitat
- _____ Student who is a runaway living in a shelter, abandoned House or inadequate accommodation
- _____ Student who is an unwed mother or an expectant mother and lacks accommodation
- _____ Student in a hospital due to abandonment
- _____ Student who is homeless prior to hospitalization
- _____ Student who is a throwaway and guardian will not permit Him/her to live in the home
- _____ Other (specify) _____

Please forward to:
Kay King
kay.king@springhill.k12.ar.us
870 722-7438
Homeless Liason
633 Hwy 355 West
Hope, AR 71801

Date Received by Homeless
Liason: _____