2025 - 2026 Education Project Referral Form

Please fill out <u>ONE REFERRAL FORM PER FAMILY</u>
Submit online, by email to EPHYContact@washtenawisd.org, or fax to 734-994-8159

WHAT IS THE EDUCATION PROJECT?

- The Education Project works to ensure students regularly attend and succeed in school, despite challenges they are experiencing due to homelessness, temporary living situations and/or mental health challenges.
- Serves every school district and charter school in Washtenaw County. Focused on helping to remove barriers to full school participation. Unfortunately, we do not provide direct housing or hotel support.

Please fill out this form (with the family if possible) to determine McKinney Vento eligibility and someone may reach out with questions. *All information shared is secure and confidential.*

| Reason for C | ompleting this form: | Unstable Ho | using | | | | | | | |
|-------------------|---|----------------------|---------------|---------------|----------|-------------------|--------------------------|--|--|--|
| Date: | Caregiver Nan | Caregiver Name: | | | | | Relationship to Student: | | | |
| Caregiver Ph | none Number: | | Caregi | ver Email: | | | | | | |
| Referral Sch | ool/Agency Contact I | Name, Phone, & I | Email: | | | | | | | |
| Name & Pho | one Number for perso | on completing for | m (if differ | ent from abo | ve): | | | | | |
| Please list ch | ildren in the home tha | at are in a K-12 sch | nool below: | | | | | | | |
| | Child's Name | Gender | Date | Date of Birth | | ade | School/District | | | |
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| | | | | | | | | | | |
| If formally by an | more than 8 students, | | | | | - d - f this fam. | | | | |
| • | e a child aged 0-5 than hildren in the home, a | | n school/an | early childh | ood prog | ram? Yes | No | | | |
| | | Child's Name | | Gender | | Date of Birth | h | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Does the stu | udent need transport | ation to school? | Yes | _No | | | | | | |
| Is student u | naccompanied (not ir | n physical custody | v of parent | or guardian) | ? Ye: | s No | | | | |
| | | | | | | | | | | |
| | ed, what school/distr | | | | | | | | | |
| If not enroll | ed, what school/distr | ict does the stude | ent(s) plan t | to attend? | | | | | | |

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Resource Requests:

Note: Upon availability, requested supplies may be provided to the student by the liaison, resources are not guaranteed.

| Backpack | t items are needed by | y your child/children? For winter coats, a size is required. |
|--|---|---|
| □ Toiletries □ Clothing □ Food □ Winter coat, if yes, what size is needed? □ have an immediate clothing or household item need, visit House by the Side of Road, 2051 S State St, Ann Arbor, Id 4, Monday-Friday, 10:00am-1:30pm or talk to your district's McKinney Vento Liaison. Additional Information: | ☐ Backpack | ☐ School Supplies |
| □ Food □ Winter coat, if yes, what size is needed? □ Have an immediate clothing or household item need, visit House by the Side of Road, 2051 S State St, Ann Arbor, If 4, Monday-Friday, 10:00am-1:30pm or talk to your district's McKinney Vento Liaison. Additional Information: | ☐ Tampons | □ Pads |
| Additional Information: When available, requested supplies may be sent to the school and community resources further with families you would like to speak with staff, please call us at (734) 994-8100 ext.1518 or emephycontact@washtenawisd.org. Please complete the Temporary Residence Statement form. If you are at risk of losing your housing in the next for weeks, and are in Washtenaw County, please contact HAWC at 734-961-1999. If you are not in Washtenaw County please reach out to your district's McKinney Vento Liaison. | ☐ Toiletries | ☐ Clothing |
| Additional Information: When available, requested supplies may be sent to the school for the student to bring home. Education Project staff are available to discuss additional school and community resources further with families you would like to speak with staff, please call us at (734) 994-8100 ext.1518 or emephycontact@washtenawisd.org. Please complete the Temporary Residence Statement form. If you are at risk of losing your housing in the next feweeks, and are in Washtenaw County, please contact HAWC at 734-961-1999. If you are not in Washtenaw County please reach out to your district's McKinney Vento Liaison. | ☐ Food | ☐ Winter coat, if yes, what size is needed? |
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| use the space below to record any additional information that might be helpful. | ephycontact@wash Please complete th weeks, and are in W | ntenawisd.org. The Temporary Residence Statement form. If you are at risk of losing your housing in the next few Washtenaw County, please contact HAWC at 734-961-1999. If you are not in Washtenaw County |
| | use the space below | to record any additional information that might be helpful. |
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Temporary Residence Statement Form

| | Student(s): Caregiver: (write N | | | | | | | | |
|-----------------------|---|--|--|---|---|--|--|--|--|
| | | | e of the following sit | | | | | | |
| | Emergency Motel/hote | shelter or transition | al housing program | | | | | | |
| | Shares hou hardship o | Shares housing (doubled up or "couch surfing") with family or friends <u>due to loss of housing, economic</u> <u>hardship or similar reasons</u> such as family conflict, unhealthy living conditions, unsafe situations, abuse on neglect, parental incarceration or death. | | | | | | | |
| | Substandar sleeping ac | Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital. | | | | | | | |
| | Another sit | uation that is not fixe | ed, regular or adequa | te: | | | | | |
| 2. T l | he reason for this | living situation is (CI | HOOSE ONE): | | | | | | |
| | Unemployment | Evicted | ☐ Inadequate Incon | ne 🗌 Fire/Natui | ral Disaster | | | | |
| | Kicked Out | Family Conflic | ct Unsafe C | onditions \square (| Other: | | | | |
| Sec | STREET condary/Alternati | ve Address: | CITY | STATE | ZIP CODE | | | | |
| | STREET | | CITY | STATE | ZIP CODE | | | | |
| 3. P l | lease <u>READ</u> , initia | l, and sign below: | | | | | | | |
| uı | nderstand that fal | sifying residency infor | | es of school enrolli | personal knowledge. I ment is against Michigan — | | | | |
| co Pr ac lis | ompliance with fed roject staff to rele ccounting, school t sted above. I also g ommunity agencie | deral law and state gra ase and exchange inf transportation staff, so give permission to the | ant data reporting red ormation with school chool social workers, on the Education Project st e student(s) or are be | quirements, I give p staff (i.e., the Mc counselors, etc.) as aff to release and | st services possible and permission to the Education Kinney-Vento liaison, pupil needed about the students exchange information with the student(s). This consent | | | | |
| | | • • | ghts ("Know your Rig questions answered. | • | cKinney Vento Act, an | | | | |
| Si | ignature: | | | | Date: | | | | |
| | | | | | | | | | |

Know Your Rights

This form MUST be given to every eligible family and unaccompanied youth.

The McKinney-Vento Act guarantees that students in temporary living situations have equal access to the same free and appropriate public education provided to others.

McKinney-Vento Services are provided during the school year that the student qualifies. Each year, students must requalify to receive services.

If you live temporarily in a shelter, motel, vehicle, campground, on the street, in abandoned buildings, or doubled up with relatives or friends, you are considered eligible for services under the McKinney-Vento Act. These students have the right to:

- Continue in their "school of origin" (the school they last attended when permanently housed or the school they last attended), if that is your choice and it is feasible, or attend the neighborhood school where you are currently living.
- Receive transportation to the school of origin if requested.
- Immediately enroll and attend classes without providing a permanent address, past school or immunization records, proof of guardianship, etc. You still must fill out enrollment packets.
- ► Receive free lunch.
- Receive equal access to education and support services and if eligible, participate in before— and after-school activities.

When receiving services from the Education Project, you can expect:

- ► To be treated with dignity.
- To be treated as an individual with personalized needs.
- To have your privacy respected and protected.
- To be given a form to sign that gives our office permission to provide services and exchange information with schools and relevant community agencies.

Services are enhanced when:

- ▶ Phone calls are returned promptly.
- We are given advance notice of requests.

It is your responsibility to:

- Call the school when you'll be absent.
- Call your transportation contact when arranged transportation (i.e., a cab) is not needed.
- Call us if you plan to move so we can help with any transition.
- Call us when your contact information changes.

We want to hear from you if you think your rights have been violated or you have a complaint about Education Project services. Your services WILL NOT be impacted when you lodge a complaint.

- Please call us and tell us your concern. We will work together on a solution. If your complaint is with a local school, we will follow district procedures to help resolve it.
- If you feel like your needs weren't met, you will be put into contact with our Supervising Grant Director, who oversees our office.
- If we are unable to reach a resolution locally, we will advise how to file a written complaint with the Michigan Department of Education.
- ► If a student is determined to be ineligible for McKinney-Vento Services, the school will provide a written explanation of the denial.