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# POUGHKEEPSIE CITY SCHOOL DISTRICT

## Office of Family and Student Support Services

160 Union Street, Poughkeepsie, N.Y. 12601 (845) 437-3473 FAX (845) 437-3477

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*Delivering on the promise of a high-quality education  
"Every child. Every day. Every classroom."*

**YVONNE PALMER, M.S., C.A.S.**  
DIRECTOR OF  
ELEMENTARY INSTRUCTIONAL SUPPORT

**STEVE RAPPLEYEA, Psy. D., C.A.S.**  
Executive Director of  
Family & Student Support Services

**FELICIA SCHINELLA, MSW, C.A.S.**  
Director of  
Special Education

### HOMELESS REFERRAL

Student's Name: \_\_\_\_\_ Assigned School: \_\_\_\_\_

DOB: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_ ID#: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

1. What best describes student's current living situation? Check one box.

- In a shelter
- With more than one family in house or an apartment
- In a motel, car, or campsite
- with friends or family members (other than a parent or guardian)
- Choices in section A do not apply

*Please describe current situation below:*

2. Reason for current living condition: \_\_\_\_\_  
\_\_\_\_\_

3. Is family/student involved with outside agencies:      yes \_\_\_\_\_      no \_\_\_\_\_

If so please indicate contact person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Title/Agency: \_\_\_\_\_

4. Is transportation required:      yes \_\_\_\_\_      no \_\_\_\_\_

5. Previous School District: \_\_\_\_\_ Address: \_\_\_\_\_

6. Have records been received: yes \_\_\_\_\_ no \_\_\_\_\_

7. Student with disability:      yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_  
Name of person completing form      Title      Date

**All forms must be faxed to School Social Worker in building that student is to be assigned and Office of Family and Student Services at 845-437-3477**