



# McKinney Vento Program

Star Diavolikis – Home-Parent Liaison

Phone: (509) 865-4778 ext. 4112

Cell: (509) 438-4939

Fax: (509) 865-6092

E-mail: Star\_Diavolikis@yakama.com

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## Title X Part C McKinney-Vento Confidential Referral Form

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Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

M/F: \_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_

Phone Number: \_\_\_\_\_ School that student will be attending: YNTS Toppenish

City and State

Referring Person: \_\_\_\_\_ Agency: Tribal School

**Please check all that apply for the following areas of concern relevant to the student:**

Student lacks a permanent residence _____	Doubled-Up (living with someone temporarily) _____
Student is unable to pay school fees _____	Unaccompanied (guardian not with student) _____
Lacks academic records/documents _____	Sheltered (living in a community Shelter) _____
In need of school supplies _____	Unsheltered (on the streets/unfit building) _____
	Hotel/Motel _____
	Unknown _____

Comments: \_\_\_\_\_

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\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Student Signature

\*\*\*\*\* To Be Filled Out By McKinney Vento Program Staff\*\*\*\*\*

Status of referral: \_\_\_\_\_ Date received: \_\_\_\_\_

Date Sent to Business Office for Approval: \_\_\_\_\_