



Homeless Liaisons:

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Common Form

To be completed by district or school staff.

County _____

School Year _____

DISTRICT/SCHOOL _____ DATE _____

STUDENTS NAME _____ M F
(Last Name) (First Name) (Middle Initial)

STUDENTS DATE OF BIRTH _____ GRADE LEVEL _____
(Month) (Day) (Year)

PARENT/GUARDIAN NAME _____
(Last Name) (First Name) (M.I.)

ADDRESS _____ TELEPHONE NUMBER _____

RACE/ETHNICITY White Black Hispanic Asian/Pacific Islander Amer. Indian/Alaskan Nat. Multi Racial/Ethnic

Primary Nighttime Residence (Check the appropriate box):

- Doubled up w/ relatives/others and/or "couch surfing" due to lack of housing Motel/hotel
 Shelter, transitional housing, or awaiting permanent foster care Unsheltered- Train, park, car, or abandoned building

- Unaccompanied Youth** (youth not in the physical custody of a parent or guardian)

Possible barriers to education (as a result of homelessness)

- Eligibility for Homeless Services School Selection Transportation School Records Immunizations or other medical records
 Other _____

Services and activities provided or to be provided by the school

- Tutoring or other instructional support Expedited evaluations Staff professional development/awareness
 Referrals for medical, dental, and other health services Early childhood programs
 Assistance with participation in school programs Before/after-school, mentoring, summer programs
 Obtaining or transferring records necessary for enrollment Parent education related to rights/resources
 Coordination between schools and agencies Counseling Addressing needs related to domestic violence
 Clothing to meet a school requirement School supplies Referral to other programs and services
 Emergency assistance related to school attendance Free Lunch

HOMELESS GRANT APPLICATION

(to be completed by the school district building homeless liaison- only if requesting funds)

REQUESTED SERVICES/ACTIVITIES (Explain) _____

AMOUNT REQUESTED: _____ REQUESTED BY: _____ POSITION: _____

SCHOOL HOMELESS LIAISON APPROVAL: _____ DATE: _____

ROE HOMELESS LIAISON APPROVAL: _____ DATE: _____

To the best of my knowledge, the information in this document is accurate (assurance given by school district or building liaison):

Print Name & Title of **school official** completing form _____

Signature of school official _____ Date _____