



School Board of Brevard County, Florida

Homeless Information Specialist

Services Referral

Students-In-Transition (Homeless Students)

***Student must be coded in AS400 as "in transition" to receive services. AS400 Information-Panel S316**

Date _____ School Name _____

Student Name _____ Student # _____ D.O.B _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____ Alternate # _____

Best time to call _____

Address _____

Siblings living with the family (note ages and schools attending, if applicable)

Name	Name of School	Age	Grade

School contact (guidance counselor, administrator, etc..) requesting services for student/family

School Contact Number & Extension _____

Has the parent been provided a list of community resources? Yes _____ No _____

Based on the student's grades, teacher input and FCAT scores, does the student need academic assistance? Yes _____ No _____

If yes, has Candi Polhill (ext: 355) been contacted to request tutoring services? Yes ___NO___

What type of assistance is needed at this time?

What assistance has already been provided for this family?

Courier or Email/ Scan Referral to Sally Shinn, Student Services, ESF Shinn.Sally@brevardschools.org/633-1000 Ext. 366

Revised H.I.S. Referral 10/9/17syr: