



**McHenry County**  
Regional Office of Education

**Homeless Liaisons:**  
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**11/12 School Year  
Common Form**

To be completed by district or school staff.

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 \_\_\_\_\_