



Horizon Academy West

New Mexico Student Referral Form

Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.

This form is to learn more about your family's current housing situation. This information will remain confidential.

Print Parent/Guardian/Adult Caring for Student Name _____

(Area Code) Phone number _____

Email address (optional) _____

Street Address _____

City _____

State _____

Zip _____

Housing Situation/Nighttime Residence

1. Who does the enrolled student(s) live with? Please check all that apply: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other Adult <input type="checkbox"/> Alone <input type="checkbox"/> Other _____
2. Where has student normally slept in the past 30 days? Please check all boxes that apply. <input type="checkbox"/> In a home that is owned or rented by parent or guardian <input type="checkbox"/> Staying temporarily with friends, relatives, or other people ("doubled up" or "couch-surfing") because the student had nowhere else to go. <input type="checkbox"/> At a shelter <input type="checkbox"/> In transitional housing or an independent living program <input type="checkbox"/> At a motel or a hotel <input type="checkbox"/> In an RV or camper <input type="checkbox"/> In a car, tent, park, bus or train station, abandoned building, or other public place <input type="checkbox"/> Student does not have a usual place to sleep
3. Is your home or place you sleep at night connected to electricity, heat, and running water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
4. Does your home or place you sleep at night have problems with mold; vermin, such as lice, rodents, or fleas; or other significant issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
5. How many other people live in your home or the place in which you sleep at night? <input type="checkbox"/> Zero to Five [0-5] <input type="checkbox"/> Six to Ten [6-10] <input type="checkbox"/> Eleven to Fifteen [11-15] <input type="checkbox"/> Sixteen to Twenty [16-20] <input type="checkbox"/> Twenty-one or More [21 +] <input type="checkbox"/> The Number Varies Every Night <input type="checkbox"/> Not Applicable
6. How many bedrooms are in your home or the place in which you sleep at night? <input type="checkbox"/> One [1] <input type="checkbox"/> Two [2] <input type="checkbox"/> Three [3] <input type="checkbox"/> Four or more [4 +] <input type="checkbox"/> Not Applicable

Depending on your answers to the above questions, your child(ren) may be eligible for additional support. Please list their information below.

Student(s) Names			Gender	D.O.B.	Grade	School Name
First	Middle	Last				

3. You may be contacted by your school system's educational support staff, unless you check the box below:
 No, please do not contact me.

Your signature indicates that you have completed this form to the best of your knowledge. _____

* Referral made to Andrea Gallegos, via email agallegos@hawest.net or in person on this date: _____