



# Kings County Office of Education

Todd Barlow - County Superintendent of Schools

## McKinney-Vento Breaking Barriers Referral Form

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Gender:  Male  Female  Other

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is student enrolled in school?  Yes  No

Name of School: \_\_\_\_\_

Is the student an unaccompanied youth?

Yes  No

Is the student a runaway?

Yes  No

Parent/Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the Parent/Guardian disabled?  Yes  No

Is the Parent/Guardian receiving cash aid?  Yes  No

Does the child or family have health insurance coverage?

Yes  No

If yes, which source: \_\_\_\_\_

### Where is the child or family currently living? (Check one box only)

Motel/Hotel

Temporary Shelter/Transitional Housing

Temporarily Doubled-Up with Another Family

Substandard - Housing not Suitable for Living or Sleeping In

Temporarily Unsheltered/Car, Tent, or Trailer park

Migratory Children with Living Situation Described Above

Permanently Housed, as of \_\_\_\_\_

How long has the child or family been staying in their current living situation?: \_\_\_\_\_

Does the student have siblings?  Yes  No

If Yes, please provide following information:

Name:	DOB:	SSN: (Last 4)	Disabled?	School of Attendance:	Grade:

Students identified needs:

Additional information or concerns:

Parent/Guardian notified of referral?  Yes  No

Client Consent form signed? (Back page)  Yes  No

Person Referring: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please  
send  
to:

Kings County Office of Education  
ATTN: Lavena Najera  
876 East D Street, Lemoore, CA 93245  
Phone: (559)589-2667 Fax (559) 589-7018  
E-mail: LNajera@kingscoe.org

Office  
Use  
Only:

SSID: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processed Date: \_\_\_\_\_ HMIS  CALPADS

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

**What information is collected?**

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

**What happens to the information collected?**

- Details of your medical/health status will **never** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have access. A list of Partner Agencies can be found on our website at [www.kingstularecoc.org](http://www.kingstularecoc.org).

**Why should you agree to have your information shared with HMIS Partner Agencies?**

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

**CLIENT INFORMATION CONSENT/RELEASE OF INFORMATION AUTHORIZATION**

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information collected in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section.

Otherwise, leave blank.

\_\_\_\_\_  
(Write "I do not consent")

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please treat information about my children age 17 or younger the same as mine.**

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

\_\_\_\_\_  
Client Name (Please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Personnel Name (Please print)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date