



REFERRAL FORM

*Project Help is designed to support enrollment and education of homeless students
(Starkville Oktibbeha School District)*

Student(s) Name: _____ School: _____ Grade: _____
Parent/Guardian Name: _____ Phone #: _____

What is the student(s) current living situation?

- Staying with Family, Friend or Relative
- Motel/Hotel
- Car
- Shelter
- Substandard housing (no running water, no electricity etc.)
- Other _____

Check the items below that would benefit this student

- Tutoring
- Counseling
- Clothing
- Employment
- Housing/Referred to Project REACH
- Other _____

Referred By: _____ School/Organization: _____
Phone#: _____ email address: _____

Additional Notes:

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