

The Education Project

The Education Project (EPHY) is a joint program of Washtenaw Intermediate School District and Ozone House working to ensure students in temporary living situations enroll, regularly attend and succeed in school. We serve children & youth, ages 0-21, from the 9 school districts and thirteen public school academies (PSA) in the county. Each district and PSA has a McKinney-Vento liaison and we work directly with them to provide supplemental services. Below is a brief explanation of the resources and supports the Education Project provides; please feel free to contact us with any other needs and we will work with you to access support. Our goal is to connect with any student or family within two business days of receiving a referral or message. Please do not hesitate to reach out if you haven't heard from us or are waiting on support.

Office Hours: Monday – Thursday, 9am – 4pm

Phone Number: 734-994-8100 x 1518

Email: ephycontact@washtenawisd.org

Eligibility

The federal McKinney-Vento Act considers individuals who lack a fixed, regular and adequate nighttime residence as homeless. This includes students living in the following situations:

- ▶ Emergency shelters/ transitional housing.
- ▶ Motels or hotels.
- ▶ Unsheltered or in substandard housing.
- ▶ Shared housing due to a loss of housing, economic hardship, safety concern, etc.
- ▶ Living temporarily with a non-parent or guardian.

Transportation

- ▶ Assist with transportation planning and provide funding for stop-gap transportation, based on availability.
- ▶ Provide transportation for parent involvement (performances, fieldtrips, sports, volunteering)

Financial Assistance

- ▶ Assist students with a wide variety of school-related financial needs such as online classes, graduation, field trip and school activities.

Services

Referrals

- ▶ Connect students/families with medical/mental health services as requested.
- ▶ Assist with clothing resources.
- ▶ Link families to local housing resources.
- ▶ Links to local food pantries

Personal Items

- ▶ School supplies and backpacks
- ▶ New socks and underwear
- ▶ Personal hygiene toiletries
- ▶ Coats, hats & gloves, when available

Academic Support

- ▶ Pay for credit recovery classes.
- ▶ Help students make educational plans to graduate.
- ▶ Work to connect students to tutoring.
- ▶ Intervene to assist with truancy.
- ▶ Try to reconnect students who have dropped out.

Advocacy

- ▶ Offer advocacy, technical support and guidance related to school enrollment and other academic difficulties



2018 - 2019 STUDENT REFERRAL FORM

Please fill out **ONE REFERRAL FORM PER FAMILY** and email to **EPHYContact@washtenawisd.org** or fax to 734-994-8159.

GENERAL INFORMATION

Date: _____

Referral Contact & School Building/Agency: _____

Referral Phone: _____ Referral Email: _____

Student's Name*	Gender	DOB	Grade	Special Education/IEP	504 Plan	School Where Currently Enrolled	Start Date Current School
				<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval	<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval		
				<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval	<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval		
				<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval	<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval		
				<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval	<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval		
				<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval	<input type="checkbox"/> Yes <input type="checkbox"/> Needs Eval		

*If family has more than 5 children, please fill out the section above on an additional sheet and turn in with referral.

Are the students living with parent/guardian? ☐ Yes ☐ No

If yes, parent/guardian's name: _____

Parent/Guardian Phone number: _____

Parent/Guardian email: _____

Relationship to student(s): _____

Student phone number: _____ Alt. contact number: _____

Student email: _____

If not enrolled, what school/district did the student(s) previously attend? _____

If not enrolled, what school/district does the student(s) plan to attend? _____

NEEDS ASSESSMENT

Please Complete with Support of School Staff, Liaison or Community Organization Staff

Service Needed	Indicated Preference/Sizes for Each Child in boxes					School to Provide	EPHY To Provide
	Child 1	Child 2	Child 3	Child 4	Child 5		
Backpack/School Supplies						<input type="checkbox"/>	<input type="checkbox"/>
Socks						<input type="checkbox"/>	<input type="checkbox"/>
Underwear						<input type="checkbox"/>	<input type="checkbox"/>
Coat (when available)						<input type="checkbox"/>	<input type="checkbox"/>
Toiletries						<input type="checkbox"/>	<input type="checkbox"/>
Activity Fees (extracurricular, book fees, etc.)						<input type="checkbox"/>	<input type="checkbox"/>
Enrollment Assistance						<input type="checkbox"/>	<input type="checkbox"/>
Educational Assistance (e.g., special ed eval, school placement)						<input type="checkbox"/>	<input type="checkbox"/>
Referrals to organizations that will provide: <ul style="list-style-type: none"> • Thrift store/clothing referral • Housing support • Food • Child Care Scholarship • Tutoring/Academic Support • Mental Health/Counseling • Health Insurance/Other 	Please provide any additional information about the needs indicated or an explanation of additional needs not listed:					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Free Lunch						<input type="checkbox"/>	
TRANSPORTATION: Stop Gap Transportation- temporary transportation supported by The Education Project until long-term is coordinated by School, usually lasts 24-48 hours	Bus Tokens 1- Time Gas Card Cab If in need of gas card: year, make, and model of vehicle: _____						<input type="checkbox"/>
Has a Long-Term Transportation Plan been identified? Yes _____ No _____	Explain transportation plan or barriers here: 						

TEMPORARY RESIDENCE STATEMENT

This form helps determine eligibility and is required under the federal McKinney-Vento Act.

Name of Student(s): _____

Name of Parent/Guardian/Caretaker (write NA if unavailable): _____

1. **The student(s) temporarily stay(s) in one of the following situations:**

- ☐ Emergency shelter or transitional housing program
- ☐ Motel/hotel
- ☐ Shares housing (doubled up or "couch surfing") with family or friends **due to loss of housing, economic hardship or similar reasons** such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.
- ☐ Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital.
- ☐ Another situation that is not fixed, regular or adequate: _____

2. **The reason for this living situation is (CHOOSE ONE):**

- ☐ Unemployment ☐ Evicted ☐ Inadequate income ☐ Fire/Natural disaster
- ☐ Kicked out ☐ Family conflict ☐ Unsafe conditions ☐ Other: _____

3. **Since this date:** _____, I have lived in/stayed at this **temporary** address:

STREET CITY STATE ZIP CODE

Secondary/Alternative Address:

STREET CITY STATE ZIP CODE

4. **Please READ and initial each paragraph below and sign:**

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution. _____

The Education Project staff respects a client's right to privacy. To ensure the best services possible and compliance with federal law and state grant data reporting requirements, I give permission to the Education Project staff to release and exchange information with school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) as needed about the students listed above. I also give permission to the Education Project staff to release and exchange information with community agencies that are assisting the student(s) or are being asked to assist the student(s). This consent is voluntary and subject to revocation at any time. _____

I have received a copy of the student's rights ("Know your Rights") under the McKinney Vento Act, an explanation of those rights and had my questions answered _____

Signature: _____ Date: _____

Relationship to Student(s): _____

Know Your Rights

*This form **MUST** be given to every eligible family and unaccompanied youth.*

The McKinney-Vento Act guarantees that students in temporary living situations have equal access to the same free and appropriate public education provided to others.

McKinney-Vento Services are provided during the school year that the student qualifies. Each year, students must requalify to receive services.

If you live temporarily in a shelter, motel, vehicle, campground, on the street, in abandoned buildings, or doubled up with relatives or friends, you are considered eligible for services under the McKinney-Vento Act. These students have the right to:

- ▶ Continue in their “school of origin” (the school they last attended when permanently housed or the school they last attended), if that is your choice and it is feasible, or attend the neighborhood school where you are currently living.
- ▶ Receive transportation to the school of origin if requested.
- ▶ Immediately enroll and attend classes without providing a permanent address, past school or immunization records, proof of guardianship, etc. You still must fill out enrollment packets.
- ▶ Receive free lunch.
- ▶ Receive equal access to education and support services and if eligible, participate in before- and after-school activities.

When receiving services from the Education Project, you can expect:

- ▶ To be treated with dignity.
- ▶ To be treated as an individual with personalized needs.
- ▶ To have your privacy respected and protected.
- ▶ To be given a form to sign that gives our office permission to provide services and exchange information with schools and relevant community agencies.

Services are enhanced when:

- ▶ Phone calls are returned promptly.
- ▶ We are given advance notice of requests.

It is your responsibility to:

- ▶ Call the school when you’ll be absent.
- ▶ **Call your transportation contact when arranged transportation (i.e., a cab) is not needed.**
- ▶ Call us if you plan to move so we can help with any transition.
- ▶ Call us when your contact information changes.

We want to hear from you if you think your rights have been violated or you have a complaint about Education Project services. Your services **WILL NOT be impacted when you lodge a complaint.**

- ▶ Please call us and tell us your concern. We will work together on a solution. If your complaint is with a local school, we will follow district procedures to help resolve it.
- ▶ If you feel like your needs weren’t met, you will be put into contact with our Supervising Grant Director, who oversees our office.
- ▶ If we are unable to reach a resolution locally, we will advise how to file a written complaint with the Michigan Department of Education.
- ▶ If a student is determined to be ineligible for McKinney-Vento Services, the school will provide a written explanation of the denial.