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McKinney-Vento Homeless Children and Youth Program

This form is for reimbursing funds already spent on homeless youth at your district

- Prior to filing your request please contact our office to verify your reimbursement amount
- ROE 35 Homeless Contact: Sandy Blanco - sblanco@roe35.org
- Please attach copies of all receipts

District Information

District Name: _____ District Liaison: _____

Date: _____ Phone: _____ Email: _____

Fax: _____ RCDT Code: _____

Homeless Services

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Services and Assistance | <input type="checkbox"/> Expedited Evaluations | <input type="checkbox"/> School/Agency Coordin. | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Referral Services | <input type="checkbox"/> Excess Transportation | <input type="checkbox"/> Counseling | <input type="checkbox"/> Early Childhood/Preschool Programs |
| <input type="checkbox"/> Enrollment Records | <input type="checkbox"/> Parent Education | <input type="checkbox"/> Space Adaptation | <input type="checkbox"/> Academic/Mentoring Programs |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Before/After School & Summer Programs |

Reimbursement Information

Amount of Requested Funds: _____

Describe the use of funds:

Terms and Conditions

I certify that the liaison identified above is authorized to act on behalf of the education agency with regard to the proposed program(s). I also certify that the program funds will be used in accordance with the McKinney-Vento Homeless Children and Youth Program.

Date: _____ Signature of Authorized Official: _____