



# REGIONAL OFFICE OF EDUCATION LASALLE, MARSHALL & PUTNAM

Christopher B. Dvorak - Regional Superintendent  
Matthew Winchester - Asst. Regional Superintendent

119 West Madison Street, Room 102 • Ottawa, IL 61350  
Telephone (815) 434-0780 • Fax (815) 434-2453

## 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](mailto: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: \_\_\_\_\_