

# *School Nurses: It's Not Just Bandages Anymore!*

Project HOPE-Virginia

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**S**chool nurses operate increasingly complex clinics to track and administer care to their school's students. For students experiencing homelessness, school nurses can play a vital role in addressing health needs and improving opportunities to succeed in school.<sup>1</sup> From routine administration of medications and care for bumps and strains, to the unexpected emergency, school nurses are often the only health care providers who see these children regularly. Students experiencing homelessness may be at increased risk for illnesses, lack immunization records, and be long overdue for routine preventative physicals. As healthcare costs continue to rise, families are finding it more difficult to meet the health demands of their children. Thus, the school nurse might be the students' only resource for assessment and referrals to medical care.

Homelessness is a social dilemma that has academic repercussions. It can be caused by any of a number of factors, but the following are most often cited: poverty, lack of affordable housing, domestic violence, and unemployment. Increased costs of food and healthcare aggravate the precarious situation that some families experience. An economic downturn can make that situation worse. It is estimated that 1.6 million American children, or one in 45 children, are homeless in a year. That equates to more than 30,000 children each week, and more than 4,400 each day.<sup>1</sup> Children experiencing homelessness suffer from hunger, poor physical and emotional health, and missed educational opportunities.<sup>2</sup>

The McKinney-Vento Homeless Assistance Act, Title X, Part C of the reauthorization of the Elementary and Secondary Education Act, requires that schools improve the access and success of students experiencing homelessness. Schools must immediately enroll students even if they are unable to produce the necessary documents required, such as birth certificates, immunization records, or proof of residency. By keeping students in regular attendance, schools can improve the students' chances of academic success. The way that school staff respond to the needs of students experiencing homelessness will have a profound effect on how these children approach school and how well they do.

Due to the school nurse's unique relationship to students, she or he could help identify those experiencing homelessness and make an extra effort to communicate with them about their situations and their special needs. The nurse can help coordinate services for these students, including finding a quiet

## **Possible Signs of Homelessness**

- History of attending many schools
- Erratic attendance and tardiness
- Consistent lack of preparation for class
- Sleeping in class
- Hostility and anger or extremes in behavior (e.g., shyness, withdrawal, nervousness, depression)
- Poor hygiene and grooming
- In adequate or inappropriate clothing for the weather
- Hunger and hoarding food
- Resistance to parting with personal possessions (e.g., leaving a favorite toy unattended or putting a coat in a locker)
- Multiple families at the same address

While these signs could indicate many other problems, they provide a basis for further exploration and discussion.

place to do homework, acquiring school supplies, clothing and extra supplies needed for special events, like school activities and field trips.

## **Issues Common to Students who are Experiencing Homelessness**

Children who are ill typically stay home; but for students in unstable living conditions, school is often a refuge and the only secure setting in their day. For students in homeless situations, the incidence of illness is higher, often more serious, and occurring more often than among their housed peers. In Virginia, there were over 18,000 homeless children identified in 2011-13. Estimates are that more than 16% of them have one or more chronic conditions, about 12% have asthma and 11% have ADD/ADHD.<sup>2</sup> Students may have difficulty recovering from illnesses due to a lack of transportation to the doctor, privacy to recuperate, necessary resources to prepare a special diet, the ability to afford prescriptions, and consistent immunizations to prevent illnesses. Conditions, such as allergies requiring regular injections, are extremely challenging when parents do not have the money for routine care or the ability to make trips to a doctor on a weekly or monthly basis. In addition, the number of children younger

than 18 without health insurance was 6.6 million (8.9 percent) in 2011. The uninsured rate for children in poverty continued to be much higher than the rate for children not in poverty: 12.9 percent compared to 7.7 percent.<sup>3</sup> Children and families in unstable housing often receive fragmented health care and rely on the emergency department as a primary source of care. They often have difficulty obtaining affordable, accessible, and coordinated health care services.<sup>4</sup>

In addition to such physical issues, students who are homeless have three times the rate of emotional and behavioral problems, such as anxiety, depression, sleep problems, withdrawals, and aggression.<sup>2</sup> Homeless students are significantly at-risk for experiencing a range of negative life-outcomes such as school dropout, the development of mental health problems, use/abuse of illicit substances, suicidality, and even early mortality.<sup>5</sup> While school nurses cannot cure all these problems, knowing what illnesses and health related problems are common may help the school develop a repertoire of responses to students' health needs.

### Health Needs

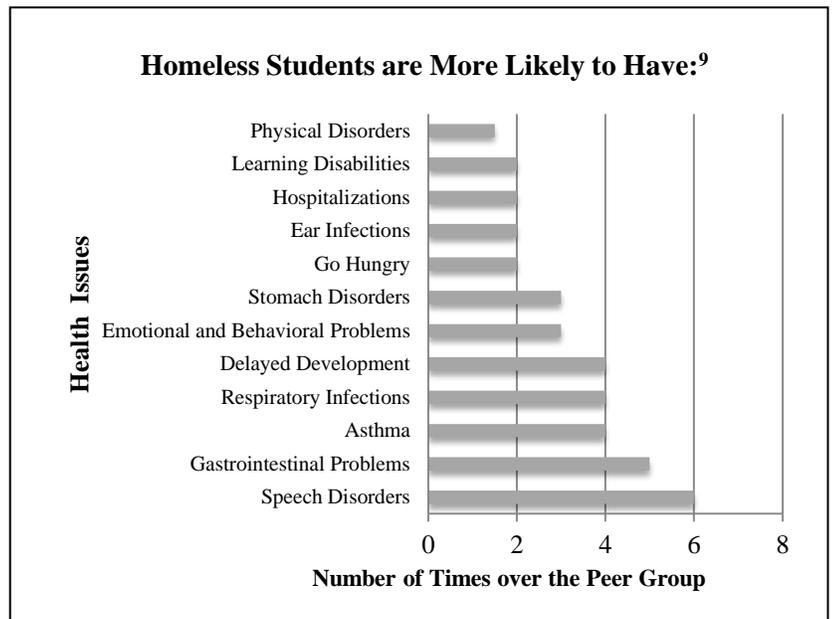
Children in homeless situations are at increased risk for ear infections, asthma, obesity, vision difficulties, oral health complications, bronchitis, lice, gastrointestinal and dermatologic diseases. Asthma is the most common chronic illness among children in the United States. Asthma rates are particularly high among children and youth experiencing homelessness as stress and allergens (e.g., dust, mold, moisture, rodent and insect dropping, and tobacco smoke) aggravate the condition. Asthma rates for children living in a shelter are two to three times the national prevalence.<sup>6</sup> Severe cases of asthma have been linked with higher levels of behavior problems, especially if symptoms are poorly managed or associated with poor overall physical health. They also are linked to internalizing symptoms such as depression and anxiety among older children.<sup>7</sup> In a survey conducted in Richmond, Virginia, 30 percent of the children experiencing homelessness were reported to be asthmatic and many of them were not receiving medical attention for their illness.<sup>8</sup>

Dental cavities are the most prevalent health and oral health problem of homeless children. Dental problems have been reported as a frequent condition of homeless children, with tooth decay in homeless children being several times higher than children of low income who live in house.<sup>10</sup> Poor oral health affects diet and nutrition, which can lead to growth problems in children, lack of self-esteem, learning problems, and pain problems. Living in crowded housing or shelters also increases risks for infectious illnesses among children (e.g., chicken pox, stomach ailments, and ear infections). Persistent illness can lead to more serious problems, such as learning and developmental delays. Homeless students experience serious disruptions in their personal relationships. The stressors associated with homelessness put them at risk for developing significant medical and mental health issues.<sup>11</sup> Being sensitive to such challenges and providing support to staff members

working with these children can make a world of difference in their school achievement.

Children and youth experiencing homelessness also face nutritional issues. They may be hungry due to limited access to adequate meals and snacks, and they often have unmet dietary needs. Children without a stable home are more likely to skip meals, worry about the availability of food, and consume foods with low nutritional quality and high fat content.<sup>12</sup> Children's eating habits are affected by stress and changes in their lives. Many homeless children are obese due to increased access to fast-food restaurants and convenience stores, which serve as the most common source of food for the homeless. A pilot study found that 43% of homeless children in the city of Baltimore are either overweight or obese.<sup>13</sup>

Older students experiencing homelessness, including runaways and unaccompanied youth, do not always seek the healthcare that they need. In some cases, they may not be aware of the social, community, or school resources that are available to them. They may have a distrust of adults stemming from past abuse or betrayal. Youth may have issues with confrontation, such as a fear of authority, causing them to be defensive or withdrawn in the presence of healthcare providers.



Child health and housing security are closely intertwined, and children without homes are more likely to suffer from chronic diseases, hunger and malnutrition than are children with homes. They are at increased risk of abuse, exposure to violence, and psychological trauma.<sup>14</sup> They have problems recovering from common colds and strains because of their living conditions. Other common problems included blistered feet and fungus from poorly fitting footwear and much walking. In addition to infections, unaccompanied youth and runaways have illnesses resulting from risk behaviors, such as communal living, sexual activity, and drug use.<sup>15</sup> These youth may view the school nurse as a familiar and accessible resource, even if they will not seek out other health professionals.

**Table 1. How School Nurses Can Support Students who are Experiencing Homelessness**

Students experiencing homelessness may need:	You can help by:	Strategies you can use include:*
A quiet or safe place to go when they are sick	<ul style="list-style-type: none"> <li>Letting students rest in the clinic instead of calling for the parent to pick them up</li> </ul>	<ul style="list-style-type: none"> <li>If the student does have to leave school and the parent cannot be reached, it may be necessary to contact the shelter other others where the family is staying.</li> </ul>
Access to adequate healthcare	<ul style="list-style-type: none"> <li>Making referrals and connections with the health care community</li> <li>Producing and distributing brochures and fact sheets that answer questions about health care issues and options</li> </ul>	<ul style="list-style-type: none"> <li>Keep a list of clinics and facilities that can help low income families satisfy their health care needs (e.g., screenings, medical check ups, dental and eye care, immunizations).</li> <li>Assist families in completing medical forms.</li> <li>Assist families in obtaining and retaining records (e.g., immunizations, medical history). Facilitate contact between the student’s family and health professionals.</li> <li>Facilitate screenings and general diagnoses.</li> </ul>
Insurance and funds for medical care	<ul style="list-style-type: none"> <li>Compiling an up-to-date and reliable list of resources that can assist with health concerns (FAMIS, CHIP, and community sources of funding and information)</li> </ul>	<ul style="list-style-type: none"> <li>Review emergency contact cards for insurance information.</li> <li>Provide families with information about applying for insurance coverage if they identify themselves as uninsured.</li> <li>Make contacts with local organizations, such as the Lion’s Club, for support for eye exams and glasses.</li> </ul>
Access to nutritious meals	<ul style="list-style-type: none"> <li>Assisting with free and reduced breakfast and lunch</li> <li>Providing healthy snacks to those who cannot afford them</li> </ul>	<ul style="list-style-type: none"> <li>Be aware that students experiencing homelessness qualify for the free meal program.</li> <li>Maintain a supply of snacks.</li> </ul>
Suggestions on how to treat common ailments	<ul style="list-style-type: none"> <li>Recommending low-cost remedies that could be used in place of medicine (e.g., gurgling hot salt water to soothe a sore throat)</li> </ul>	<ul style="list-style-type: none"> <li>Keep index cards of suggestions for common ailments that can be given to the student. Include extra supplies, if applicable.</li> <li>Encourage the student to return to the clinic in a couple of days to check-in, as this may encourage follow-through of the remedy.</li> </ul>
Assistance in understanding health and wellness	<ul style="list-style-type: none"> <li>Providing parent workshops at a shelter or library on nutrition, hygiene, health needs, stress and relaxation, and exercise</li> <li>Producing and distributing brochures and fact sheets</li> </ul>	<ul style="list-style-type: none"> <li>Make connections with community resources (e.g., nonprofit organizations, clinics and facilities that provide care for low income families, hospitals that may provide materials, training, and technical assistance).</li> <li>Reach out to community health professionals.</li> </ul>
Clean or new clothes, personal hygiene supplies, and medical supplies	<ul style="list-style-type: none"> <li>Providing sources for clothing and supplies</li> </ul>	<ul style="list-style-type: none"> <li>Give students extra bandages when you treat a cut so they will be able to put on a clean one at home.</li> <li>Approach the PTA or other organizations for funding to acquire supplies for families and students (e.g., feminine products, travel size shampoo and soap, lice kits).</li> <li>Maintain a clothing and personal supply closet.</li> <li>Provide welcome packs that contain some basic school supplies.</li> </ul>
Someone they can trust	<ul style="list-style-type: none"> <li>Being sensitive to students’ needs and varied living situations</li> </ul>	<ul style="list-style-type: none"> <li>Communicate with other school staff (e.g., office secretaries, enrollment personnel, teachers, guidance department, school social workers) to be sure students’ needs are being met.</li> <li>Provide a welcome and safe environment for students to talk.</li> <li>Call if the student is out of school for more than 3 days.</li> </ul>

\* Some strategies have no cost associated with them, but for those that do, school nurses could pursue funding sources, such as the homeless education liaison, the PTA, civic groups, businesses, churches, and other agencies.

## Facilitating Health Records and Referrals

When families move frequently, health records can be misplaced and routine check-ups may not be completed. While the McKinney-Vento Act requires that children be enrolled in school even if they lack an address or educational records, these requirements remain barriers for families in accessing other needed services. Since school nurses keep updated health records, they could copy a set for the student's family to take with them when they transfer.

As health professionals, nurses can assist families in understanding, selecting, and obtaining care, since many nurses are aware of services available in the community. The National Association of School Nurses (NASN) suggests that school nurses coordinate, collaborate, and evaluate related services. (See pages 5-7 for NASN position statements.)

## Coordinating Services

Education is the key to break the cycle of homelessness, but students must be enrolled and in attendance at school to realize this potential. The student population experiencing

homelessness presents challenges for the school environment, both academic and physical. These students are more likely to have learning disabilities, language and fine motor delays, and psychological issues.<sup>7</sup> For many students with uncertain living situations, school is the only constant environment, and there are ways for the education community to make the school experience both stabilizing and positive.

School nurses can help to foster a nurturing environment for all students and parents by working with social workers, teachers, and administrators to provide needed services and support. The school nurse can help identify homeless students and make the special effort to get to know them. See Table I for ideas on how to become more involved.

Schools increasingly are being asked to coordinate human services in addition to educating children. Studies show that when human services are organized through the school and coordinated in the community, they are more likely to be successful.<sup>6</sup> The school nurse is a great resource for families and for school personnel in identifying student needs and community resources.

***“We know that students need to be healthy to learn. School nurses play a vital role in making sure children are healthy and ready to learn.”***

-Arne Duncan, Secretary,  
U.S. Department of Education

## References

Note: Each citation is noted once in the endnotes.

- <sup>1</sup> Baisch, M. J., Lundeen, S.P., & Murphy, M. K. (2011). Evidence-based research on the value of school nurse in an urban school system. *Journal of School Health, 81*(2), 74-80.
- <sup>2</sup> The National Center on Family Homelessness. (2011). *State report card on child homelessness: America's New Outcasts 2010*. [Online]. [http://www.homelesschildrenamerica.org/media/NCFH\\_AmericaOutcast2010\\_web.pdf](http://www.homelesschildrenamerica.org/media/NCFH_AmericaOutcast2010_web.pdf)
- <sup>3</sup> United States Conference of Mayors (2013). *Hunger and Homelessness Survey: A status report on hunger and homelessness in America's cities*. [Online]. <http://www.usmayors.org/pressreleases/uploads/2013/1210-report-HH.pdf>
- <sup>4</sup> Morris, D. M., & Gordon, J. A. (2006). The role of emergency department in the care of homeless and disadvantaged populations. *Emergency medicine Clinics of North America, 24*(4), 839-848.
- <sup>5</sup> Sulkowski, M. L., & Michael, K. (2014). Meeting the mental health needs of homeless students in schools: A multi-tiered system of support framework. *Children & Youth Services Review, 44*, 145-151.
- <sup>6</sup> Cutuli, J. J., Herbers, J. E., Lafavor, T. L., et al. (2014). Asthma and adaptive functioning among homeless kindergarten-ages children in emergency housing. *Journal of Health Care for the Poor and Underserved, 25*(2), 717-730.
- <sup>7</sup> Bender, B., & Zhang, L. (2008). Negative affect, medication adherence, and asthma control in children. *Journal of Allergy and Clinical Immunology, 122*(3), 490-495.
- <sup>8</sup> Huang, C., & Menke, E. M. (2001). School-aged homeless sheltered children's stressors and coping behaviors. *Journal of Pediatric Nursing, 16*(2), 102-109.
- <sup>9</sup> The National Center on Family Homelessness. (2010). *Children health*. [Online]. <http://www.familyhomelessness.org/children.php?p=ts>
- <sup>10</sup> Chiu, S., DiMarco, M. A., & Prokop, J. L. (2013). Childhood obesity and dental caries in homeless children. *Journal of Pediatric Health Care, 27*(4), 278-283.
- <sup>11</sup> Bassuk, E. L. (2010). Ending child homelessness in America. *American Journal of Orthopsychiatry, 80*(4), 496-504.
- Bassuk, E. L., Volk, K. T., & Olivet, J. (2010). A framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal, 3*, 34-40.
- Buckner, J. C. (2008). Understanding the impact of homelessness on children: Challenges and future research directions. *American Behavioral Scientist, 51*, 721-736.
- <sup>12</sup> Richards, S. C. (2008). Dietary intake, overweight status, and perceptions of food insecurity among homeless Minnesotan youth. *American Journal of Human Biology, 20*(5), 550-563.
- <sup>13</sup> Schwarz, K. B., Garrett, B., Hampsey, J., & Thompson, D. (2007). High prevalence of overweight and obesity in homeless Baltimore children and their caregivers: A pilot study. *Medscape General Medicine, 9*(1), 48.
- <sup>14</sup> Council on Community Pediatrics. (2013). Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics, 131*(6), 1206-1210.
- <sup>15</sup> Gerber, L. (2014). Bringing home effective nursing care for the homeless. *Nursing, 43*(3), 32-38.

# National Association of School Nurses

## Position Statements\*

### **The Role of the School Nurse in Accessing Health Care**

*Revised 2013*

Ensuring access to quality health care is an important component of school nursing practice. By providing and supervising direct health care services, in addition to facilitating admittance into community sources of health care, the school nurse plays a pivotal role in improving the health and educational success of the school-age child, and improving the health of school staff. School nurses have knowledge of existing health risks in the school community and familiarity with existing community resources to address identified health needs. Thus, school nurses can be liaisons between those in the school needing health care services and available health care resources and can facilitate how children, their families, and school staff access these services. By providing health services directly and by facilitating access to health care in the community, school nurses promote the emotional and physical well-being of children and school staff.

The following are examples of direct services that can help reduce and/or eliminate barriers to accessing health care.

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#### **The school nurse provides direct healthcare to students and staff.**

- The school nurse provides emergency services including triage, illness and injury care, referral and follow-up.
- The school nurse supervises the management and treatment of health conditions within the school setting including blood sugar monitoring and asthma management.

#### **The school nurse provides leadership for the provision of health services.**

- The school nurses make use of their professional education and skills to assist their schools and local communities in the development, implementation and evaluation of coordinated school health education.
- The school nurse develops and implements individualized health care plans within state practice act parameters on health conditions.

- The school nurse acts as a case manager, particularly for those children with special healthcare needs.

#### **The school nurse provides screening and referral for health conditions.**

- The school nurse provides health counseling, including referral and follow-up.
- The school nurse encourages enrollment of students in State Children's Health Insurance Programs (CHIP).
- The school nurse connects students, families and staff with community healthcare providers.

#### **The school nurse promotes a healthy school environment.**

- School nurses are the health experts in the school setting. They have the educational knowledge and background to be actively involved in promoting a safe school environment.

#### **The school nurse promotes health.**

- The school nurse provides health education for students, families and staff.
- The school nurse has knowledge and expertise in the areas of nutrition, weight maintenance and exercise. This knowledge can be applied in prevention programs and interventions for students at risk of becoming or already overweight.
- The school nurse helps adolescents understand their sexuality including making responsible choices that will affect their future, offering guidance for decision-making, medical care and community resources.
- The school nurse plays a vital role as part of a multi-disciplinary team to support early assessment, planning, intervention and follow-up of children in need of mental health services.

#### **The school nurse serves in a leadership role for health policies and programs.**

- The school nurse is in a position to assess immunization needs and serve in a leadership capacity to develop school immunization programs and promote community awareness of the value of immunizations in the primary prevention of disease throughout the lifespan.
  - The school nurse represents a unique and vital resource relative to the successful creation and implementation of disaster preparedness for chemical and radiological events in and around schools. Nurses are in a position to monitor unusual signs, recognize patterns of symptom

presentation and act to protect against the immediate spread of possible contaminants.

- The school nurse has the educational background and knowledge to assist school districts to develop and implement practices that protect employees from bloodborne pathogens.

**The school nurse serves as a liaison between school personnel, family, community and healthcare providers.**

- The school nurse helps to provide a smooth transition from home or hospital to school. A partnership among health care providers, students and their families can be facilitated by the school nurse.
- The school nurse, in the role of case manager, provides oversight of care and services and serves as the point of contact for communication among the student, family, school staff and healthcare provider.



## Coordinated School Health

*Revised 2013*

Coordinated School Health (CSH) is an organized set of policies, procedures and activities designed to protect and promote the health and well-being of students and school staff. CSH brings together school administrators, teachers, school nurses, other school staff, students, families and community members to assess health needs, determine priorities, and plan, implement, and evaluate school health activities. In a coordinated school health program, the school nurse may provide leadership or serve a supporting role in any of the following eight components:

**School health services:**

The school nurse provides emergency care assessments and interventions, management of acute and chronic health conditions, referral and support to access primary care, preventive services, communicable disease control measures, counseling for health promotion and

identification and management of barriers to student learning.

**Health education:**

The school nurse provides education to classrooms, small groups and individually on numerous topics that promote healthy life choices. The school nurse reviews and recommends health education curricula addressing physical, mental, emotional, and social dimensions of health to help students develop health knowledge, positive attitudes, and skills to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors and promote health of others. The school nurse employs data from the Youth Risk Behavior Assessment, local and state data to determine the current risks and protective factors for students.

**Staff health promotion:**

The school nurse works collaboratively with the CSH team to provide health information and health promotion activities, monitor and manage chronic conditions, provide resources, referrals and maintain staff records.

**Counseling, psychological, and social services:**

The school nurse collaborates with counseling, school psychology and social work staff to identify student psychosocial problems and provide input and intervention. Services focus on cognitive, emotional, behavioral, and social needs of students and families aimed at improving students' mental emotional and social health through assessment, intervention and referral.

**School nutrition services:**

The school nurse promotes the integration of nutritious, affordable, and appealing meals, nutritional education, and an environment that promotes healthy eating behaviors for all students. The school nurse provides education about nutritious foods, monitors menus and food preparation, and encourages the inclusion of healthy foods on menus, in vending machines and classroom snacks. The school nurse provides information to food service regarding students with anaphylaxis and food allergies to promote student safety.

**Physical education programs:**

The school nurse collaborates with physical educators to meet physical education goals, providing information to students about physical activity, and helping to design appropriate programs for students with special health concerns and promote planned, sequential K through 12 curriculums that promote lifelong physical activity.

### Healthy school environment:

The school nurse promotes a safe physical and psychological environment that is supportive of learning by monitoring, reporting, and intervening to correct hazards, collaborating to develop a crisis intervention plan, and providing adaptations for students with special needs.

### Family and community involvement:

The school nurse takes a leadership role in collaborating with community agencies to identify and provide programs to meet the physical and mental health needs of children and families. The school nurse can help strengthen the collaboration among agencies and stakeholders to reviewing and analyze community data to help make informed decisions.



## Individuals with Disabilities

*Revised 2013*

School nurse is an essential member of the team participating in the identification and evaluation of students who may be eligible for services through the implementation of Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Improvement Act (IDEIA, formerly IDEA). They use their expertise to identify students who have possible health, socio-emotional or developmental issues that put them at greater risk of learning issues, and by contributing to the individual health and educational plans. The school nurse's role in the 504 or IDEA process may include:

- Assisting in identifying children who may need special educational or health-related services.
- Assessing the identified child's functional and physical health status, in collaboration with the child, parent(s)/guardian(s), and healthcare providers.

- Developing individualized healthcare plans (IHP) and emergency care plans (ECP) based on a nursing assessment.
- Recommending to the team health-related accommodations or services that may be required.
- Assisting the team in developing an Individual Educational Plan (IEP) or 504 Accommodation Plan that provides for the required health needs of the child and enables the student to participate in his or her educational program.
- Assisting the parent(s)/guardians and teachers to identify and remove health-related barriers to learning.
- Providing in-service training for teachers and staff regarding the individual health needs of the child.
- Providing and/or supervising unlicensed assistive personnel to provide specialized healthcare services in the school setting.
- Evaluating the effectiveness of the health-related components of the IEP with the child, parent(s), and other team members, and making revisions to the plan as needed.

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### About National Association of School Nurse (NASN)

**Mission:** To advance school nurse practice to keep students healthy, safe and ready to learn.

**Vision:** To lead the transformation of school health.

#### Core Values:

- Child Well-being
- Diversity
- Ethics
- Excellence
- Innovation
- Integrity
- Leadership
- Scholarship

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\*These statements are excerpted from National Association of Nurses Position Statement. For the full text of each statement or to see more resources, visit their website <https://www.nasn.org/Home>

## Suggested Resources

### *On Homelessness:*

#### **National Association for the Education of Homeless Children and Youth (NAEHCY)**

<http://www.naehcy.org/> 866-862-2562  
NAEHCY provides professional development, resources, and training support for anyone and everyone interested in supporting the academic success of children and youth challenged by homelessness.

#### **National Center for Homeless Education (NCHE)**

<http://center.serve.org/nche/> 800-308-2145  
NCHE provides research, resources, and information enabling communities to address the educational needs of children experiencing homelessness.

#### **Project HOPE-Virginia, the Virginia Education Program for Homeless Children and Youth**

<http://www.wm.edu/hope> 1-877-455-3412  
The program ensures the enrollment, attendance, and the success of homeless children and youth in school through public awareness across the commonwealth and subgrants to local school divisions.

### *On Healthcare:*

#### **Cover Virginia**

<http://www.coverva.org/> 1-855-242-8282 1-888-221-1590  
This web site provides information on Virginia's Medicaid, FAMIS and Plan First programs. The program offers health benefits for eligible individuals, families and children at low or no cost.

#### **Affordable Care Act**

<http://www.medicaid.gov/AffordableCareAct/Affordable-Care-Act.html>  
<http://www.hhs.gov/healthcare/rights/>  
These websites provide general information on coverage, eligibility, and financing under the Affordable Care Act.

#### **Department of Medical Assistance Services (DMAS)**

<http://www.dmas.virginia.gov> 804-786-6145  
DMAS is the agency that administers Medicaid and the State Children's Health Insurance Program (CHIP) in Virginia.

#### **Virginia Department of Behavioral Health & Developmental Services**

<http://www.dbhds.virginia.gov/> 800-451-5544  
DBHDS operates 15 facilities across the state to provide services to citizens in Virginia who have mental illness, intellectual disability or are in need of substance abuse services.

#### **Virginia Association of Free and Charitable Clinics**

<http://www.vafreeclinics.org> 804-340-3434  
Clinics use a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals.

#### **Healthy Families America**

<http://www.healthyfamiliesamerica.org> 312-663-3520  
This program is designed to help expectant and new parents get their children off to a healthy start. The goals are to promote positive parenting, enhance child health and development and prevent child abuse and neglect.

## DEFINITION OF HOMELESS

**Anyone who, due to a lack of permanent housing, lives in inadequate or temporary settings, such as:**

- **In emergency or transitional shelters**
- **In motels, hotels, or campgrounds**
- **In cars, parks, public places, bus or train stations, or abandoned buildings**
- **Doubled up with relatives or friends;**
- **In these conditions and is a migratory child or youth.**

*\*To determine homelessness, consider the permanence and adequacy of the living situation.*

## Project HOPE-Virginia

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**This and other information briefs are available on the Project HOPE-Virginia website:  
<http://www.wm.edu/hope>**

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