## **State of Hawaii • Department of Education**OFFICE OF STUDENT SUPPORT SERVICES



475 22<sup>nd</sup> Avenue Honolulu, Hawaii 96816 Telephone: 808-305-9869 Toll Free: 1-866-927-7095

## QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

Student's Name:			Date of Birth:			
School:				Grade:		
Student's	current residence such as	s address, cross streets, landm	narks, etc.	_		
Primary Co	ontact Name:		Relationship:	Phone:		
Alternate Contact Name:			Relationship:	Phone:		
CHECK ONE BOX	(	STUDENT'S CURRENT	LIVING ARRANGEN	<b>∕</b> IENT	MVA CODE	
	Unsheltered Campground, car, beach/park, abandoned building, street or any other inadequate living space					
	Shelter Emergency, transitional or domestic violence shelter, name of shelter:					
	Hotel/Motel  Due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing					
	Doubled Up  Temporarily with family or other person due to loss of housing or as a result of economic hardship				03	
	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation  If this box is checked, stop hand sign below; form is com				07	
If the stu						
If the student is NOT in the physical custody of a parent or legal guardian, also check below:  Unaccompanied Youth					05	
List all siblings living in the same arrangement, including children 0-5 years of age:						
List all si	Name	Age	Sch	ool	Grade	
The information you provide above will determine what services you or your child may be eligible to receive under the McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2). If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.						
Parent/Legal Guardian/Unaccompanied Youth Signature Print Name					Date	

For School Use Only: School designee to complete this page if the student is identified as living in unstable housing.						
<b>NOTE:</b> The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if th is unable to provide documents, such as school records, immunization records and other health records, residency, or other documents. 42 U.S.C. §11432(g)(3)(C).						
* "Enrolled" means attending classes and participating fully in school activities. 42 U.S.C. §11434a(1)						
Student ID #: Date Student Enrolled: / /						
Student Enrolled As:						
$\square$ Home School (school within the geographic area of student's current residence)						
$\square$ School of Origin (school attended when permanently housed/last school attended)						
☐ Geographic Exception (GE)						
☐ Other:						
By acknowledging below, the school designee agrees that the form is complete and the parent/legal guardian/unaccompanied youth has been provided MVA information and a copy of this form.						
Designee Signature Print Name	Date					
By signing below, the principal indicates that he/she has reviewed this form and understands the school's responder the McKinney-Vento Homeless Assistance Act.  The school principal determines the student as:  □ Eligible under McKinney-Vento Act □ Not eligible under McKinney-Vento Act Reason:  MV2 Initiated: □ Yes □ No Date MV2 Initiated://						
Principal Signature Print Name	Date					
Notes/Updates:						
Date Action Taken Remarks Ini	itials					
Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.						