## 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 su	ch as address, cross streets	, landmarks, etc.	1919/2		
Primary Contact Name:			Relationship: Phone:			
Alternate Contact Name:			Relationship: Pho		nne:	
CHECK ONE BO		STUDENT'S CUR	RENT LIVING ARRA	NGEMENT	MVA	
	Unsheltered Campground, car, l	beach/park, abandoned bu	ilding, street or any other	inadequate living space	06	
	Shelter Emergency, transitional or domestic violence shelter, name of shelter:				04	
	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					
	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation and sign below; form is complete					
If the stu		hysical custody of a parent				
	Unaccompanied Yo				05	
List all si	blings living in the s	ame arrangement, includ	ling children 0-5 years o	f age:		
	Name	Ag	•	School	Grade	
Vento Ho in school Concerns	meless Assistance Act and free school meals Liaison to contact you	- 42 U.S.C. §11434a(2). If eli Transportation may be pro	gible under the Act, you or wided to and from school or gning, you grant permission	ay be eligible to receive under the Myour child are entitled to immediate allows and to share/release pertinent informations.	nrollment Homeless	
Parent/Le	egal Guardian/Unaccom	panied Youth Signature	Print l	Name	Date	

For School U	lse Only: School desig	gnee to comple	te this page if the student is identified as living in u	nstable housing.
is unable to		s, such as sch	iate enrollment for students living in unstable housi ool records, immunization records and other hea 2(g)(3)(C).	- N N N N N N N N N N N N N N N N N N N
* "Enrolled"	means attending clas	sses and partic	ipating fully in school activities. 42 U.S.C. §11434a(1	L)
Student ID #:			Date Student Enrolled://	
☐ Home	School (school withi	n the geograph	nic area of student's current residence)	
☐ Schoo	ol of Origin (school att	tended when p	ermanently housed/last school attended)	
☐ Geogr	aphic Exception (GE)	ı		
Other				
	-	_	grees that the form is complete and the parent/lega information and a copy of this form.	al <mark>guardia</mark> n/
	Designee Signature	3	Print Name	Date
under the Mo	elow, the principal in cKinney-Vento Home rincipal determines to under McKinney-Vento	eless Assistand he student as:	e/she has reviewed this form and understands the see Act.	school's responsibility
□ Not eli	igible under McKinne	y-Vento Act	Reason:	
MV2 fr	nitiated: 🗆 Yes	□No	Date MV2 Initiated://	
	Principal Signature	ı.	Print Name	Date
Notes/Upda	ates:			
Date	Action Taken	Remarks		Initials

Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.