

School Name: Highlands Intermediate

Complex Area: Pearl City

STUDENT ENROLLMENT FORM SIS-10W (Rev. 4/2023)

Student ID No. _____

Entry Date _____

Entry Code _____

Room _____

For school use only

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

Ethnicity/Race Observed: _____ Initial _____ Date _____

Verification of DOB: _____

STUDENT PERSONAL DATA

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Suffix: (Jr, II, III, etc): _____ Gender: M F Grade Level: _____ Birth Date (MM/DD/YYYY): _____

Not Homeless

Homeless*

Completed MVA Packet

Parent/Legal Guardian Signature

DOE Representative Signature

*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C));
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

Please contact the Community Homeless Concerns Liaison (CHCL) in your area with questions: bit.ly/HILiaisons or call (808) 305-9868.

PRESCHOOL EXPERIENCE

Preschool Experience Yes No

If "Yes" – attended:

- less than 6 months
- between 6 and 12 months
- more than 1 year

Preschool Program: (if applicable)

- EOEL
- Charter Pre-K

*Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form

LAST HAWAII PUBLIC SCHOOL ATTENDED

Name: _____

Last Grade Attended: _____ Year: _____

PRIOR SCHOOL ATTENDED (If not Hawaii Public School)

Name: _____

Phone: _____

Address: _____

Fax: _____

ADDITIONAL INFORMATION *

Country of Birth: _____

Date First Entered U.S. School: _____

(MM/DD/YYYY)

* Providing this information is not required and will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY RACE INFORMATION

ETHNICITY INFORMATION

Are you Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? Yes No

RACE INFORMATION

Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> A – American Indian or Alaska Native | <input type="checkbox"/> E – Native Hawaiian | <input type="checkbox"/> K – Samoan | <input type="checkbox"/> P – Tongan |
| <input type="checkbox"/> B – Black | <input type="checkbox"/> G – Japanese | <input type="checkbox"/> L – White | <input type="checkbox"/> Q – Guamanian/Chamorro |
| <input type="checkbox"/> C – Chinese | <input type="checkbox"/> H – Korean | <input type="checkbox"/> N – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese) | <input type="checkbox"/> R – Other Asian |
| <input type="checkbox"/> D – Filipino | <input type="checkbox"/> I – Portuguese | <input type="checkbox"/> O – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,) | <input type="checkbox"/> S – Other Pacific Islander |

PRIMARY RACE INFORMATION

What is the student's primary race? (Select only ONE letter from the Race Information section and fill in the blank) _____

I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

FIRST PARENT / GUARDIAN

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____

Marital Status: Married Divorced Separated Single Custody of Child: Yes No

Custody Documentation Submitted: Yes No Custody Type: Sole Custody Physical Custody Joint Legal

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Birth Date (MM/DD/YYYY) _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: (check all that apply) mailing portal (if applicable) messenger

EMERGENCY CONTACT: (check one) Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? Yes No

Branch of Service (check one):

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force | <input type="checkbox"/> NOAA | <input type="checkbox"/> USPHS |

Military Status (check one):

- | | |
|---|--|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Title 10 Orders |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserve |

Deployed?

- Yes
 No

Does this person work for the Federal Government or work on Federal Property? Yes No

LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

SECOND PARENT / GUARDIAN

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____
 Marital Status: Married Divorced Separated Single Custody of Child: Yes No
 Custody Documentation Submitted: Yes No Custody Type: Sole Custody Physical Custody Joint Legal

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Birth Date (MM/DD/YYYY) _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: (check all that apply) mailing portal (if applicable) messenger

EMERGENCY CONTACT: (check one) Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? Yes No

| | | |
|--|---|--|
| Branch of Service (check one): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Space Force <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS | Military Status (check one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Title 10 Orders <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve | Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|

Does this person work for the Federal Government or work on Federal Property? Yes No

PARENT/GUARDIAN NOT LIVING WITH STUDENT

PARENT / GUARDIAN

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____
 Marital Status: Married Divorced Separated Single Custody of Child: Yes No

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Birth Date (MM/DD/YYYY): _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: (check all that apply) mailing portal (if applicable) messenger

EMERGENCY CONTACT: (check one) Sequence 1 2 3

LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)

GUARDIAN

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? Yes No

Branch of Service (check one):

- Air Force Army Coast Guard Marine Corps
 Navy Space Force NOAA USPHS

Military Status (check one):

- Active Duty Title 10 Orders
 National Guard Reserve

Deployed?

- Yes
 No

Does this person work for the Federal Government or work on Federal Property? Yes No

EMERGENCY CONTACT INFORMATION

FIRST

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____

Last Name _____ First Name _____ Email Address _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

EMERGENCY CONTACT: (check one) Call Sequence 1 2 3 4 5

SECOND

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____

Last Name _____ First Name _____ Email Address _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

EMERGENCY CONTACT: (check one) Call Sequence 1 2 3 4 5

SCHOOL SUPPLEMENTARY INFORMATION

Other Children In HIDEO Schools:

| Legal First, Middle Initial & Last Name | HIDOE School Attending | DOB | Grade | Relationship |
|---|------------------------|-------|-------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

Parent/Legal Guardian Signature: _____ Date: _____

FOR SCHOOL USE:



**STATE OF HAWAII
DEPARTMENT OF EDUCATION**

**HOME LANGUAGE SURVEY
FOR ALL NEWLY ENROLLING STUDENTS**

NOTE TO SCHOOL STAFF: *This form should only be given once, upon initial enrollment in the Department. Do not make changes to student languages in the Student Information System without first consulting your school's English Learner Coordinator.*

ALL newly enrolling students to the Hawaii State Department of Education (Department) MUST complete this Home Language Survey, regardless of race, nationality, or language origin. Title VI of the Civil Rights Act of 1964 and Equal Educational Opportunities Act of 1974 require that the Department utilize a non-biased procedure for identifying students who are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services.

The language information requested is essential for schools to identify eligibility for EL services and provide meaningful instruction for students. Indication of a language other than English does not ensure eligibility, but requires the school to conduct an English proficiency test to determine if a need for English language development instruction exists. These questions are used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.

To ensure the language needs of all Department students are met, please complete the following:

- **SECTION A: Parent/Legal Guardian Information.** This response will help us understand how to best communicate with you as the parent(s)/legal guardian(s) in a language that you understand.
- **SECTION B: Student Information.** These responses will assist us in understanding a student's language background and whether or not a student's English proficiency should be assessed.

SECTION A: PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian First Name

Parent/Legal Guardian Last Name

1. Do you as a **parent/legal guardian** require interpretation (spoken) or translation (written) of information from your child's school in your native language? Interpretation or translation would be at no cost to you.

No, I don't need interpretation or translation (spoken or written) support.

Yes, I need interpretation or translation (spoken or written) support in: _____
(Name of Language)

SECTION B: STUDENT INFORMATION

First Name

Middle Name

Last Name

Grade

____/____/____
MM / DD / YYYY
Date of Birth

F M
Gender

Has this child enrolled at a Hawaii Department of Education school or Hawaii Public Charter school before?

No (Continue to Student Language Questions ~)

Yes (Skip to Parent/Legal Guardian Signature)

STUDENT LANGUAGE QUESTIONS (Refer to the attached Language List)

1. What is/are the language(s) most used in your **home**, regardless of the language spoken by your child?

(Name of Language)

2. What language did your child **first acquire**? _____
(Name of Language)

3. Which language does your child **use or understand most**? _____
(Name of Language)

Parent/Legal Guardian Signature: _____

Today's Date: ____/____/____
MM / DD / YYYY

Home Phone #: _____

Cellular Phone #: _____

(e.g. 05/26/2022)

Notice of Language Assistance

If you have difficulty understanding English, you have the right to receive language assistance at no cost to you. Please contact your school's principal for more information.

(Traditional Chinese / 繁體中文) 如果您理解英語有困難，您有權得到免費的語言幫助。請聯繫您的學校校長以獲得更多信息。

(Simplified Chinese / 簡體中文) 如果您理解英語有困難，您有權得到免費的語言幫助。請聯繫您的學校校長以獲得更多信息。

(Japanese / 日本語) 英語の理解に困難を感じる方は、無料で言語支援を受ける権利があります。詳細につきましては学校長にお問合わせください。

(Hawaiian / 'Ōlelo Hawai'i) Ina pilikia oe i ka hoomaopopo i ka olelo Pelekania, he kuleana no kou e lawelaweia oe i ke kokua olelo me ka uku ole. E hui kuka me ke poo kumu o kou kula no kekahi ike hou aku.

(Korean / 한국어) 영어를 이해하는데 어려움이 있는 경우, 무료로 통역 지원을 받을 권리가 있습니다. 더 자세한 정보는 학교장에게 연락하십시오.

(Chuukese / Kapasen Chuuk) Ika epwe weires ngonuk omw weweiti fóós un Merika, mi wor omw pwúung omw kopwe angei aninnisin aweween fóós esapw kame. Kose mochen kékkéeri ewe meinapen ewe sukkun (Principal) ren tichikin pworausán.

(Ilokano / Ilokano) Nu narigat mo a maawatan ti Ingles, karbengam nga umawat ti tulong ti lenggwahe ket awan bayad na dayta a serbisyo. Para ti kanayonan nga impormasyon, mabalin a kontakem ti prinsipal ti eskwelaan yo maipanggep iti dayta a serbisyo.

(Samoan / Gagana Samoa) Afai e faigatā ona ē malamalama i le Iglisi, e i ai lau aiā e maua ai le fesoasoani tau gagana e aunoa ma se tupe e te totogi ina. Fa'amolemole fa'afeso'ota'i le pule o lau aoga mo nisi fa'amatalaga.

(Tongan / Lea faka-Tonga) Kapau 'oku faingata'a ke mahino kiate koe 'a e lea faka-Papalangi, 'oku 'i ai ho'o totonu ke ke ma'u ha tokoni fakatonulea 'ikai totongi. Kataki 'o fetu'utaki ki he puleako ki ha toe fakaikiiki ange.

(Tagalog / Tagalog) Kung nahihirapan kang intindihin ang Ingles, karapatan mong makatanggap ng tulong para sa lenggwahe at libre ang serbisyong ito. Para sa karagdagang impormasyon, maari mong kontakin ang prinsipal ng iyong paaralan tungkol sa serbisyong ito.

(Cebuano / Sugboanon) Kon kamo adunay kalisud sa pagsabut sa Iningles, naa moy katungod sa pagdawat sa tabang sa pinulongan nga walay gasto kaninyo. Palihog kontaka ang prinsipal sa inyong eskwelahan alang sa dugang nga impormasyon.

(Vietnamese / Tiếng Việt) Nếu quý vị thấy khó khăn trong việc hiểu tiếng Anh, quý vị có quyền nhận được sự hỗ trợ ngôn ngữ miễn phí. Vui lòng liên hệ hiệu trưởng của trường quý vị để biết thêm thông tin.

(Spanish / Español) Si tiene dificultad para entender Inglés, tiene derecho a recibir asistencia lingüística sin costo alguno para usted. Comuníquese con el director de su escuela para obtener más información.

(Marshallese / Kajin Majòl) Elaññe ejabwe am melele kajin Pälle, ewōr am jimwe ñan jibañ ko ikijien ukok ilo ejelok wōnen. Jouj im köjjeļäik lok principle eo an jikuul eo am ñan melele ko rellap lok.

(Thai / ไทย) หากคุณมีปัญหาในการเข้าใจภาษาอังกฤษ คุณมีสิทธิรับความช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดติดต่อ ผู้อำนวยการโรงเรียนของคุณเพื่อขอข้อมูลเพิ่มเติม

Language List

This language list may be presented to newly enrolling families in the Hawai'i Department of Education to assist their completion of the required Home Language Survey (HLS). Families are asked to write the English name of their language on the HLS. Where available, a native language autonym (the name of a language in that language) has been provided for reference and support.

| English name | Autonym |
|------------------------|---|
| Afrikaans | Afrikaans ¹ |
| Albanian | shqip ² , gjuha shqipe ² |
| American Sign Language | |
| Arabic | العربية ¹ |
| Armenian | հայերեն ¹ |
| Bengali | বাংলা ¹ |
| Bikol | Bikol ² , Bicol ² |
| Burmese | မြန်မာ ¹ , မြန်မာစကား ¹ |
| Cambodian | ខ្មែរ ¹ , ភាសាខ្មែរ ² |
| Cantonese | 广州话 [廣州話] ² 广东话 [廣東話] ² 粤语 [粵語] ² |
| Carolinian | Refalúwasch ¹ |
| Cayuga | Gayogghó:nq' ¹ |
| Cebuano/Visayan | Binisaya ¹ |
| Chamorro | Chamorro ¹ , Fino' CHamoru ² Finu' Chamoru ² |
| Chavacano | Chavacano ¹ |
| Chuukese | Chuuk ¹ |
| Cree | ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² , ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² , ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² , ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² , ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² , ᐃᐱᐱᐱ ᐃᐱᐱᐱ ² |
| Croatian | hrvatski ¹ |
| Czech | Český jazyk ¹ , Čeština ¹ |
| Danish | Dansk ¹ |
| Dutch | Nederlands ¹ |
| English | English |

| | |
|----------------------|---|
| Estonian | eesti keel ² |
| Fijian | Na Vosa Vakaviti ¹ |
| Finnish | Suomi ¹ |
| French | Français ¹ |
| Gaelic | Gàidhlig ¹ |
| German | Deutsch ¹ |
| Gilbertese | I-Kiribati ¹ , Taetae ni Kiribati ² |
| Greek | ελληνικά ¹ |
| Gujarati | ગુજરાતી ² |
| Hakka Chinese | 客家话 [客家話] ² |
| Halang | |
| Hawaiian | 'Ōlelo Hawai'i |
| Hebrew | עברית ¹ |
| Hiligaynon (Ilonggo) | Hiligaynon ¹ , Ilonggo ¹ |
| Hindi | हिन्दी ¹ |
| Hmong | Ius Hmoob ² , Iug Moob ² , Iol Hmongb ² |
| Hungarian | Magyar ¹ |
| Icelandic | Íslenska ¹ |
| Ilocano | Ilokano ¹ |
| Indonesian | Bahasa Indonesia ¹ |
| Italian | Italiano ¹ |
| Japanese | 日本語 ¹ |
| Korean | 한국어 ¹ |
| Kosraean | Kosrae ¹ |
| Lao | ລາວ ¹ |
| Lithuanian | Lietuvių kalba ¹ |
| Macedonian | македонски јазик ¹ |
| Malay | Bahasa Melayu ¹ , بهاس ملايو ¹ |
| Maltese | Malti ¹ |
| Mandarin | 普通话 ¹ |
| Maori | Te reo Māori ¹ |
| Marshallese | Kajin Majeļ |
| Min Bei | 闽北话 [閩北話] ² |
| Min Nan Chinese | 闽南语 [閩南語] ² |
| Mohawk | Kanien'kéha ¹ |
| Mokilese | Mokil ¹ , Mwoakilloa ¹ |

Continued on the next page.



475 22nd 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 address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA CODE

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i> | 06 |
| <input type="checkbox"/> | Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i> | 04 |
| <input type="checkbox"/> | Hotel/Motel <i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i> | 02 |
| <input type="checkbox"/> | Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i> | 03 |
| <input type="checkbox"/> | Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i> | 07 |



If this box is checked, stop here and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

- | | | |
|--------------------------|----------------------------|----|
| <input type="checkbox"/> | Unaccompanied Youth | 05 |
|--------------------------|----------------------------|----|

List all siblings living in the same arrangement, including children 0-5 years of age:

| Name | Age | School | 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.

NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of 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:

- Home School (school within the geographic area of student's current residence)
- 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 responsibility under 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 | Initials |
|------|--------------|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

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