State of Hawaii • Department of EducationOFFICE OF STUDENT SUPPORT SERVICES



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: _	Maemae Eleme	entary		Grade:		
Student's current residence such as address, cross streets, landmarks, etc.						
Primary Co	ontact Name:		Relationship:	Phone:		
Alternate Contact Name:			Relationship:	Phone:		
CHECK ONE BOX	(STUDENT'S CURRENT	LIVING ARRANGEM	1ENT	MVA CODE	
	Unsheltered Campground, car, beach/park, abandoned building, 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, <u>excludes</u> temporary lodging for military persons awaiting housing				02	
	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 and sign below; for				07	
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:						
Name		Age		School		
-						
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) Date Student Enrolled: ____/___/ Student ID #: 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: Date MV2 Initiated: / / MV2 Initiated: \square Yes \square No **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.