



**QUESTIONNAIRE TO DETERMINE ELIGIBILITY
MV1
McKinney-Vento Homeless Assistance Act
(MVA)**

Questionnaires are filed for one (1) year for all students and seven (7) years for any student checking a box in Section 2.

Student's Name _____ School _____

Section 1: Student/Parent/Legal Guardian IS NOT in a homeless situation

(includes living with friends or family due to personal choice)

(If Section 1 is checked, STOP and complete Parent/Legal Guardian's signature below; form is complete.)

Section 2: Student/Parent/Legal Guardian: *(Check the box that applies)*

Lives with friends or family due to economic hardship, such as loss of housing or income

Lives on the beach, at a campground, in a park, or in a hotel

Lives in a tent, car, bus or other non-permanent structure

Lives in a domestic violence shelter

Lives in an emergency or transitional shelter *(Please circle, or write in name if not listed.)*

Kauai: Manaolana, Kuapo, Kauai Economic Opportunity Shelter, Other: _____

Hawaii: Kihei Pua, Beyond Shelter, Na Kahua Hale of Ulu Wini-Kaloko Transitional, Other: _____

Maui: Family Life Center (Hoolanani), Ka Hale A Ke Ola, Ka Hale A Ke Ola Westside, Other: _____

Oahu: Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Paiolu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Lighthouse Shelter, Kahi Kolu Ohana O Waianae, Other: _____

Has no regular place to stay at night

The student is awaiting foster care

The student is an unaccompanied youth

Parent/Legal Guardian's Signature

Print Name

Date

When any box in **Section 2** above is checked, the student may be eligible to receive MVA services including meals and transportation to and from school. School personnel will assist the Parent/Legal Guardian or unaccompanied youth **to complete the reverse side of this form and any remaining MVA forms.**

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).
The answers provided help determine appropriate and comparable MVA services.

All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.

Section 3:

Name of School _____

School of Origin _____
(last school attended or last school child attended with a permanent residence)

Student's Name _____ Male Female

Date of Birth ____ / ____ / ____ Grade _____

Siblings:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Contact Information

Address _____ City _____ Telephone _____

Emergency Contacts:

Name _____ Relationship _____ Telephone _____ Email _____

Name _____ Relationship _____ Telephone _____ Email _____

Section 5: Student is applying for the following:

Free/Reduced-Price Meals Transportation to and from school Other _____

Note: Services will be comparable to those provided to all other students attending this school.

Section 6: Parent/Legal Guardian

I understand and agree that the Homeless Concerns Liaison may contact me. I will inform the school administrator if any changes occur concerning this information.

Parent/Legal Guardian's Signature _____ Telephone _____ Date _____

Section 7: For School Use Only

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 _____

PRINT Name of School Administrator _____ Title _____

Signature of School Administrator _____ Date _____

By signing above, the school representative acknowledges that the parent/legal guardian has been provided with MVA information and a copy of this form.