



**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:** Kauai Economic Opportunity: Manaolana, Lihue Court, Other: _____

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

☐ **Maui:** Ka Hale A Ke Ola: Central/Westside, Other: _____

☐ **Oahu:** Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Vancouver House, Nakolea, Seawinds, Paolu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Family Assessment Center, Other: _____

☐ Has no regular place to stay at night

☐ 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 of origin. 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)).

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, including children aged 0-5:

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 of origin ☐ 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.*

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 Stacey Bello 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.