


MV1 	State of Hawaii Department of Education HOMELESS CONCERNS OFFICE 475 22 nd Avenue, Room 126 Honolulu, Hawaii 96816 Telephone: 808-203-5521 Toll Free: 1-866-927-7095 FAX: 808-735-8229	<p align="center">QUESTIONNAIRE TO DETERMINE ELIGIBILITY</p> <p align="center">McKinney-Vento Homeless Assistance Improvements Act ("MVA")</p>	Schools are required to keep a chronological file of completed Questionnaires for each school year.
---	--	---	---

STUDENT'S NAME: _____ **SCHOOL:** _____

Section 1. Action Requested: *(A copy of this form must be attached to each of the following forms.)*

- Enrollment Geographical Exception* Exit, Release or Transfer Transportation (ONLY when a box in Section 3 is checked)

Section 2. **Student / Parent / Guardian IS NOT in a homeless situation.**

If Section 2 is checked, stop and complete Parent/Guardian signature below; form is complete.

Section 3. Does The Student / Parent / Guardian: *(Check the box that applies – you may be eligible for services)*

- Live with friends or family due to economic hardship such as loss of housing or income;
- Live on the beach, at a campground, in a park, or in a hotel;
- Live in a tent, car, bus, or other non-permanent structure;
- Live in a domestic violence shelter;
- Live in an emergency or transitional shelter: *(Please circle or if your shelter is not listed, please write in the name.)*
 - Kaua`i:** Manaolana, Kuapo, Other _____;
 - Hawai`i:** Kihei Pua, Beyond Shelter, Kaloko Transitional, Other _____;
 - Maui:** Ho`olanani, Ka Hale A Ke Ola, Ka Hale A Ke Ola - Westside, Other _____;
 - O`ahu:** Family Promise, Institute for Human Service (IHS), Loliana, Ohana Ola O Kahumana, Maililand, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai`olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui (Villages of Maili), Ka Ohu Hou o Manoa, Lighthouse Shelter, Kahi Koulu Ohana Hale O Wai`anae, Other _____
- Have no regular place to stay at night.
- The student is awaiting foster care.
- The student is an unaccompanied youth.

_____	_____	_____
Parent / Guardian Signature	Print Name	Date

When any box in **Section 3. "Does The Student / Parent / Guardian:"** is checked, the student may be eligible to receive MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the reverse side of this form and the McKinney-Vento Act (MVA) School Packet.

_____	_____	_____
DOE Representative's Signature	Print Name	Date

** Geographical exceptions apply to MVA eligible students ONLY WHEN there is a request to have the student attend a school other than the student's school of origin or home school.*

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 4. Name of School: _____

Student Name: _____ Male _____ Female

Date of Birth _____ / _____ / _____ Grade _____ Student ID# _____

Section 5. Is current residence a temporary living arrangement? _____ NO _____ YES, for _____ Months _____ Years

If the answer is NO, you may stop here. If the answer is YES, please complete the remainder of this form.

Section 6. Student is living with family or friends due to economic hardship such as:

_____ Loss of Housing _____ Loss of Income _____ Other: _____

Address: _____ City: _____ Telephone: _____

Section 7. Student is applying for the following:

_____ Free/Reduced-Price Meals _____ Transportation to and from school (when feasible) _____ Other: _____

NOTE: Services provided will be comparable to services provided to all other students attending this school.

Section 8. Parent or Guardian, please initial agreement to the following:

_____ YES. I understand and agree that the Homeless Concerns Liaison may contact me.

_____ I will immediately inform the school administrator in writing if any changes occur to this information.

Signature of Parent or Guardian: _____ Telephone: _____ Date: _____

Section 9. For School Use Only

_____ Home School (school within the geographic area of student's current residence)

_____ School of Origin (school attended when permanently housed / last school attended)

_____ GE

_____ Other _____

PRINT Name of School Representative: _____ Title: _____

Signature of School Representative: _____ Date: _____

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