



## 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"/>	<b>Unsheltered</b> <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
<input type="checkbox"/>	<b>Shelter</b> <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
<input type="checkbox"/>	<b>Hotel/Motel</b> <i>Due to lack of other suitable housing, <b>excludes</b> temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	<b>Doubled Up</b> <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
<input type="checkbox"/>	<b>Permanent Housing</b> <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"/>	<b>Unaccompanied Youth</b>	05
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**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.