State of Hawaii • Department of EducationOFFICE OF STUDENT SUPPORT SERVICES



475 22nd Avenue Honolulu, Hawaii 96816 bit.ly/HILiaisons

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 str	eets, landma	ırks, etc.			
Primary Contact Name:			1	Relationship: _		Phone:	
Alternate Contact Name:			1	Relationship: _		Phone:	
CHECK ONE BOX	X	STUDENT'S C	URRENT I	LIVING ARR	ANGEMENT		MVA CODE
	Unsheltered Campground, car, be	ach/park, abandonec	building, st	reet or any othe	er inadequate living	space	06
	Shelter Emergency, transitional or domestic violence shelter, name of shelter:						04
	Hotel/Motel Due to lack of other suitable housing, excludes 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, stop here and sign below; form is complete including youth in foster care						
If the stu	ident is NOT in the phy		rent or legal	guardian, also	check below:		
	Unaccompanied You	th					05
List all si	blings living in the sa	me arrangement, in	cluding child	dren 0-5 years	of age:		
	Name	Dat	e of Birth		School		Grade
Vento Ho in school Concerns	mation you provide abo meless Assistance Act - and free school meals. Liaison to contact you for ovides, shelter, and school	42 U.S.C. §11434a(2) . Transportation may b or additional support.	f eligible und e provided to By signing, yo	der the Act, you on and from school grant permiss	or your child are ent ol of origin. This que ion to share/release	itled to immediate e stionnaire allows a pertinent informat	enrollment Homeless
Parent/Le	egal Guardian/Unaccompa	nied Youth Signature		Print	Name		oate

For School L	Jse Only: School design	gnee to comple	ete this page if the student is identified as living in unstable I	nousing.					
is unable to	•	s, such as sch	diate enrollment for students living in unstable housing, even ool records, immunization records and other health records (3)(C).						
* "Enrolled"	means attending cla	sses and partio	cipating fully in school activities. 42 U.S.C. §11434a(1)						
Student ID #:									
Student Enro	olled As:								
☐ Home	School (school withi	n the geograp	hic area of student's current residence)						
\square School of Origin (school attended when permanently housed/last school attended)									
☐ Geog	raphic Exception (GE))							
☐ Other	:		-						
•		•	igrees that the form is complete and the parent/legal guardinformation and a copy of this form.	an/					
	Designee Signature	e	Print Name	Date					
under the M The school p □ Eligible □ Not el	cKinney-Vento Homerincipal determines to the under McKinney-Vento Homer McKinney-Vento Homer McKinnes to the under McKinnes hitiated:	eless Assistand the student assignto Act ey-Vento Act		responsibility					
	Principal Signature	2	Print Name	Date					
Notes/Upda	ates:								
Date	Action Taken	Remarks		Initials					
N	lote: Please forward (a copy of this f	form to your Homeless Concerns Liaison within 3 business da	ys.					