



475 22<sup>nd</sup> 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 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>       | Campground, car, beach/park, abandoned building, street or any other inadequate living space  | 06 |
| <input type="checkbox"/> | <b>Shelter</b>           | Emergency, transitional or domestic violence shelter, name of shelter: _____  | 04 |
| <input type="checkbox"/> | <b>Hotel/Motel</b>       | Due to lack of other suitable housing, <b>excludes</b> temporary lodging for military persons awaiting housing                                | 02 |
| <input type="checkbox"/> | <b>Doubled Up</b>        | Temporarily with family or other persons due to loss of housing or as a result of economic hardship   | 03 |
| <input type="checkbox"/> | <b>Permanent Housing</b> | 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 | 07 |

**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 |
|--------------------------|----------------------------|--|----|

**List all siblings living in the same arrangement, including children 0-5 years of age:**

| Name  | Date of Birth | 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 service providers, shelter, and school personnel to support immediate school enrollment and full participation.

\_\_\_\_\_  
Parent/Legal Guardian/Unaccompanied Youth Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date