



**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, Paiolu 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 \_\_\_\_\_ 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.