MV1	State of Hawaii Department of Education HOMELESS CONCERNS OFFICE 475 22nd Avenue Room 126 Honolulu, Hawaii 96816 Telephone: 808- 203-5521 Toll Free: 1-866-927-7095 FAX: 808-735-8229	**QUESTIONNAIRE TO DETERMINE ELIGIBILITY** McKinney-Vento Homeless Assistance Improvements Act ("MVA")	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 from School □ Free/Reduced-Price Meals □ Transportation to/from School

Section 2. Does The Student / Parent / Guardian: *(Check the box that applies – you may be eligible for services)*

□ Live with friends or family due to loss of housing or economic hardship;

□ 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, Other_____;
- □ **Maui:** Ho`olanani, Ka Hale A Ke Ola, Na Hale O Wainee, Other _____;
- □ **O`ahu:** Family Promise, Institute for Human Service (IHS), Loliana, Ohana Ola O Kahumana, 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.

Section 3. □ Student / Parent / Guardian IS NOT in a homeless situation.

_____ _____ _____

Parent / Guardian Signature | Print Name | Date

If any box other than **Section 3. "Student / Parent / Guardian IS NOT in a homeless situation"** is checked, the student may be eligible for MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the McKinney-Vento Act (MVA) School Packet. Please contact the Homeless Concerns Liaison for your school for further assistance.

_____ _____ _____

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.*

**The DOE representative's signature indicates that the parent, guardian or unaccompanied youth has been provided with MVA information and a copy of this completed MV1Questionnaire.

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.