QUESTIONNAIRE TO DETERMINE ELIGIBILITY
MV1

This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student.

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

☐ Unsheltered
   Campground, car, beach/park, abandoned building, street or any other 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
   STOP
   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:

☐ Unaccompanied Youth
   05

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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<tbody>
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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: ___________________________

RS 20-1238, May 2020 (Rev. of RS 17-1506)
**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.

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<tr>
<th>Designee Signature</th>
<th>Print Name</th>
<th>Date</th>
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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: _____ / _____ / _____

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<tr>
<th>Principal Signature</th>
<th>Print Name</th>
<th>Date</th>
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**Notes/Updates:**

<table>
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<tr>
<th>Date</th>
<th>Action Taken</th>
<th>Remarks</th>
<th>Initials</th>
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**Note:** Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.