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

Student’s Name

Date of Birth

Gender

Siblings, including children aged 0-5:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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</table>

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.