

EMERGENCY CARD

(This card needs to be completed every school year.)

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year			

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's/Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.


My child has health insurance: Yes No If YES, check: QUEST Medicaid **OR** Private
If private, check your plan: HMSA Kaiser Tri-Care Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problem
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children:

	Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MV-1 	State of Hawaii Department of Education HOMELESS CONCERNS OFFICE 475 22 nd Avenue Room 126 Honolulu, Hawaii 96816 Telephone: 808-305-9869 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.
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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 Transportation (ONLY when a box in Section 3 is checked)

Section 2. **Student / Parent / Legal Guardian IS NOT in a homeless situation**

(includes living with friends or family due to personal choice)

If Section 2 is checked, STOP and complete Parent/Legal Guardian signature below; form is complete.

Section 3. Does The Student / Parent / Legal Guardian: (Check the box that applies – you may be eligible for services)

- Live with friends or family due to economic hardship such as loss of housing or income
- 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: (name) _____
- 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, Kaloko Transitional, other: _____
 - Maui:** Ho`olanani, Ka Hale A Ke Ola, Ka Hale A Ke Ola - Westside, other: _____
 - O`ahu:** Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai'olu Kaiaula (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou o Manoa, Lighthouse Shelter, Kahi Kolu 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

Parent/Legal Guardian Signature

Print Name/Contact Phone No.

Date

When any box in **Section 3. "Does The Student/Parent/Legal Guardian:"** is checked, the student may be eligible to receive MVA services. School personnel are to assist the parent, legal guardian or unaccompanied youth with the completion of the reverse side of this form and the McKinney-Vento Act (MVA) School Packet.

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.**

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).
The answers provided help determine appropriate and comparable MVA services.

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.