



Executive Office on Early Learning (EOEL) Public Prekindergarten Program

Application Packet

School Year 2023-2024

Participating DOE Schools

Submit a separate completed application packet to each school you are interested in.

- Hawai'i** Chiefess Kapi'olani Elementary • Hilo Union Elementary • Hōnaunau Elementary • Honoka'a Elementary
Kea'au Elementary • Keonepoko Elementary • Kohala Elementary • Konawaena Elementary • Mountain
View Elementary • Nā'ālehu Elementary • Pāhoa Elementary
NEW DOE School SY 23-24: Waimea Elementary
- Kaua'i** 'Ele'ele Elementary • Kekaha Elementary
NEW DOE School SY 23-24: Kīlauea Elementary
- Lāna'i** Lāna'i High and Elementary
- Maui** Kula Elementary • Pukalani Elementary
NEW DOE Schools SY 23-24: Hāna High and Elementary • Wailuku Elementary
- Molokai** Kaunakakai Elementary • Kilohana Elementary
- O'ahu** 'Aiea Elementary • Hale'iwa Elementary • Kailua Elementary • Kalihi Uka Elementary • Kapālama
Elementary • Keolu Elementary • Likelike Elementary • Linapuni Elementary • Nānāikapono Elementary
Nānākuli Elementary • Pālolo Elementary • Pu'uhale Elementary • Waiāhole Elementary
Waialua Elementary • Wai'anae Elementary • Waimānalo Elementary and Intermediate
NEW DOE Schools SY 23-24: Blanche Pope Elementary • Fern Elementary • Honowai Elementary •
Ka'ewai Elementary • Lincoln Elementary • Sunset Beach Elementary • Wahiwā Elementary



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Eligibility Requirements and Application Information School Year 2023-2024

Thank you for your interest in the EOEL Public Prekindergarten Program. Please read the following information to find out about the program's eligibility requirements, application requirements, and acceptance and enrollment processes.

Is my child eligible for this program?

Children must be age three or four on or before July 31 of the current school year. For school year 2023 - 2024, children born on or between August 1, 2018 - July 31, 2020 are eligible. In addition to the age requirement, please see areas of priority for acceptance into the program on p. 3 (How do children qualify for the program?).

When can applications be submitted?

Applications can be submitted to schools beginning March 1, 2023 (June 1, 2023 for NEW DOE SCHOOLS). Please note that applications must be submitted in their entirety to be considered for eligibility. Incomplete packets will be returned and must be re-submitted in their entirety.

How many children are in each classroom?

The maximum number of students enrolled in each class is determined by the square footage of classroom space. However, each class is limited to no more than 20 students. (Class sizes may change to address health and safety needs of children and staff that arise from unexpected circumstances. Check with the school you are applying to for any updates.)

As space is limited, it is recommended that families submit the completed application and required documents as soon as possible.

Which school will I submit the application and required documents to?

Complete and submit the attached application along with the required documents to the school you would like your child to attend (see listing of schools on page 7-8).

A geographic exception is not required for the EOEL Public Prekindergarten Program. However, priority is given to children who are applying to their home schools. These are the children who live within the geographic boundaries of the school. Contact the nearest school to find out whether your family resides in the school's home school area.

What do I need to submit to the school?

A complete packet includes all documents listed on page 9 (Application Checklist). An application will not be accepted without all the required documents. Please also attach a self-addressed, stamped envelope with each packet.

How do children qualify for the program?

In addition to the age requirement, priority is provided to children whose situations include, but are not limited to, one or more of the following:

- Children who are eligible for **special education services** under the Individuals with Disabilities Act (IDEA) and whose **Least Restrictive Environment (LRE) is determined as general education.**
- Children in **foster care.**
- Children who are experiencing **homelessness** or **unstable housing.**

“Homeless” means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- **Unsheltered:** Has no regular place to stay at night and lives in a campground, car, beach/park, abandoned building, street, or any other inadequate living space.
- **Shelter:** Lives in an emergency, transitional or domestic violence shelter.
- **Hotel/Motel:** Lives in a hotel or motel due to lack of other suitable housing, *excludes* temporary lodging for military persons awaiting housing.
- **Doubled up:** Lives temporarily with family or other persons due to loss of housing or as a result of economic hardship.

- Children who are **dual or multi-language learners.**
- Children who are experiencing **at-risk situations** which may impact their learning and development.
- Families with annual/monthly **Gross Family Income** at or below 300% of the Federal Poverty Guidelines OR who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**).

| Family Size | Maximum Monthly Gross Income* | Maximum Yearly Gross Income* |
|-------------|-------------------------------|------------------------------|
| 2 | \$5,670 | \$68,040 |
| 3 | \$7,148 | \$85,770 |
| 4 | \$8,625 | \$103,500 |
| 5 | \$10,103 | \$121,230 |
| 6 | \$11,580 | \$138,960 |
| 7 | \$13,058 | \$156,690 |
| 8 | \$14,535 | \$174,420 |
| 9 | \$16,013 | \$192,150 |
| 10 | \$17,490 | \$209,880 |

*300% of Federal Poverty Guidelines (FPG) for Hawai'i as of January 2023.

For packets received by June 30, 2023 (July 31, 2023 for NEW DOE Schools)

- Children applying to their home school (who live within the geographic boundaries of that school) are enrolled in the order in which completed applications and all required documents were received by the school.
- If space is still available after June 30th (July 31st for NEW DOE Schools), non-home school students are then enrolled in the order in which complete packets are received by the school.
- Schools will send letters to parents/legal guardians regarding status of the application (i.e. acceptance, wait list, denial, or decision deferred). Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.

For packets received from July 3, 2023 (August 1, 2023 for NEW DOE Schools)

- Available spaces are filled solely based on the order in which complete applications and all required documents were received by the school. In other words, from July 3rd (August 1, 2023 for NEW DOE Schools), there is no priority given to children applying to home schools.
- Schools will send letters to parents/legal guardians regarding status of the application (i.e. acceptance, wait list, denial, or decision deferred). Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.
- Once spaces are filled, the remaining applicants will be placed on a school-managed waitlist based on the order in which packets are received. Schools will send letters to parents/legal guardians notifying them of waitlist status.

If my child is accepted into the program, what is the school schedule?

The EOEL Public Prekindergarten Program Classroom schedule is based on the DOE's academic year schedule, aligning with the kindergarten full-day schedule. Typically, most school days start at 8:00 am and end around 2:00 pm. For more specific times, please contact the school you are applying to. For a list of contacts see page 7-8 (Listing of Schools).

What about before and after-school care?

Currently, children in the EOEL Public Prekindergarten Program do not qualify for before or after-school care that is provided for DOE students in K-5/6.

What about DOE student bus transportation?

Currently, children in the EOEL Public Prekindergarten Program do not qualify for student bus transportation that is provided for DOE students in K-5/6.

Are there other programs besides EOEL Public Pre-K Program?

EARLY HEAD START & HEAD START

Early Head Start (EHS) and Head Start (HS) are programs providing health, education, family support and family engagement services and resources to income-eligible children. Services are provided daily in classrooms (part-day or full-day) or through weekly home visits.

EHS serves pregnant women, infants and toddlers and their families. HS serves preschool children and their families.

Part-day programs (8am-2pm) are offered at no cost to families, and full-day programs are offered at affordable rates. Children with special needs, as well as children who are in the foster care system or who are experiencing homelessness are given priority in the EHS/HS programs.

For more information about Head Start including contact information, for programs, please go to the [Hawai'i Head Start Collaboration Office page](#) on the EOEL website.

YOUR 'OHANA Programs

Your 'Ohana programs are home visitation programs providing support to you and your family with health, child development, and school readiness. Learn how to guide your family's well-being and provide better opportunities for your children through regular visits with a trained professional.

Your 'Ohana programs serve pregnant women, keiki from ages 0-5, and their families.

Your 'Ohana Program serves families residing in the following ZIP code areas. [Detailed service area maps](#) are available online for O'ahu, Hawai'i Island, Maui County, and Kaua'i.

| Island | Zip Code Areas (partial coverage areas indicated in italics). |
|----------------|--|
| Oahu | <ul style="list-style-type: none">• Downtown/Kalihi: <i>96817, 96819</i>• Wahiawa: <i>96786, 96789, 96857</i>• Wai'anae: 96792 |
| Maui | <ul style="list-style-type: none">• 96732, 96753, 96779, 96793 |
| Hawai'i Island | <ul style="list-style-type: none">• E. Hawaii: <i>96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785</i>• W. Hawaii: <i>96704, 96725, 96726, 96740, 96750</i> |
| Kaua'i | <ul style="list-style-type: none">• <i>96705, 96741, 96756, 96765</i> |
| Molokai | <ul style="list-style-type: none">• 96729, 96748, 96757, 96770 |
| Lāna'i | <ul style="list-style-type: none">• 96763 |

All programs offered through Your 'Ohana are offered at no cost to families and are voluntary. For more information about Your 'Ohana, including contact and eligibility information, go to the [Your 'Ohana](#) website and click "[Enroll Today.](#)"

You can also find information about other [low to no-cost early childhood development and learning programs](#) on the EOEL website.

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

**EOEL Public Prekindergarten Program
NEW DOE Schools in School Year 2023-2024**

| Island | School | Phone | Principal |
|---------------|--------------------------|--------------|---------------------|
| Hawai'i | Waimea Elementary | 808-887-7636 | Tammie Picklesimer |
| Kaua'i | Kilauea Elementary | 808-828-1212 | Fig Mitchell |
| Maui | Hāna High and Elementary | 808-248-4815 | Christopher Sanita |
| | Wailuku Elementary | 808-727-5500 | Dr. Nikan Arapoff |
| O'ahu | Blanche Pope Elementary | 808-259-0450 | Francine Fernandez |
| | Fern Elementary | 808-832-3040 | Glen Miyasato |
| | Honowai Elementary | 808-307-7100 | Stacy Kawamura |
| | Ka'ewai Elementary | 808-832-3500 | Bert Carter |
| | Lincoln Elementary | 808-587-4480 | Jacqueline Ornellas |
| | Sunset Beach Elementary | 808-307-1000 | Eliza Elkington |
| | Wahiawā Elementary | 808-622-6393 | Sean Takashima |

| EOEL Public Prekindergarten Program DOE Schools | | | |
|--|--------------------------------|----------------|------------------------|
| Island | School | Phone | Principal |
| Hawai'i | Chiefess Kapi'olani Elementary | 808-974-4160 | Kimberly Castillo |
| | Hilo Union Elementary | 808-933-0900 | Bryan Arbles |
| | Hōnaunau Elementary | 808-328-2727 | Noreen Kunitomo |
| | Honoka'a Elementary | 808-775-8820 | Rory Souza |
| | Kea'au Elementary | 808-313-4600 | Brandon Tanabe |
| | Keonepoko Elementary | 808-313-4500 | Kasey Eisenhour |
| | Kohala Elementary | 808-889-7100 | Hannah Loyola |
| | Konawaena Elementary | 808-323-4555 | Mike McCloskey |
| | Mountain View Elementary | 808-313-3200 | Adria Medeiros |
| | Nā'ālehu Elementary | 808-313-4000 | Wilma Roddy |
| | Pāhoa Elementary | 808-313-4400 | Michelle Payne-Arakaki |
| Kaua'i | 'Ele'ele Elementary | 808-335-2111 | Allison Carveiro |
| | Kekaha Elementary | 808-337-7655 | Joseph Hicks |
| Lāna'i | Lāna'i HS and Elementary | 808-565-7900 | Douglas Boyer |
| Maui | Kula Elementary | 808-876-7610 | Marianne Wheeler |
| | Pukalani Elementary | 808-727-3900 | Ty Ogasawara |
| Molokai | Kaunakakai Elementary | 808-567-7200 | Daniel Espaniola |
| | Kilohana Elementary | 808-774-8400 | Shona Pineda |
| O'ahu | 'Aiea Elementary | 808-305-4400 | Ryan Ishimoto |
| | Hale'iwa Elementary | 808-637-8237 | Malaea Wetzel |
| | Kailua Elementary | 808-266-7878 | Allyson Doherty |
| | Kalihi Uka Elementary | 808-305-6200 | Derek Santos |
| | Kapālama Elementary | 808-832-3290 | Ronald Oyama |
| | Keolu Elementary | 808-266-7818 | Kau'i Tanaka |
| | Likelike Elementary | 808-832-3370 | Kelly Bart |
| | Linapuni Elementary | 808-305-2150 | Kimberly Ann Fuller |
| | Nānāikapono Elementary | 808-305-7800 | Christine Udarbe |
| | Nānākuli Elementary | 808-307-8600 | Lisa Ann Higa |
| | Pālolo Elementary | 808-733-4700 | Gary Harada |
| | Pu'uhale Elementary | 808-832-3190 | Sabrina Feliciano |
| | Waiāhole Elementary | 808-239-3111 | Alexandra Obra |
| | Waialua Elementary | 808-307-2600 | Varissa Pata |
| | Wai'anae Elementary | 808-305-2900 | Sheldon Konno |
| Waimānalo Elementary & Int. | 808-259-0460 | Elissa Johnson | |

Application Checklist

for Parents/Legal Guardians (School Year 2023-2024)

_____ **Find out how to apply.**

Obtain a copy of the Application Packet from any one of the EOEL Public Prekindergarten Program schools or download an application from the [EOEL Public Pre-K Program](#) page.

_____ **Find out if you are applying to your home school or not.**

Contact the school to find out if you reside in the Home School area (within the geographic boundaries of the school). If you do, ask what documents are accepted for proof of residency. Make a copy of each document.

_____ **Make a copy of ONE (1) of the age-verifying documents listed below:**

- **Birth Certificate**, official copy issued by State Department of Health (hospital documents and abstracts are not accepted)
- OR **Passport**

_____ **Complete and attach “Questionnaire to Determine Eligibility MV1” form (see p. 11).**

_____ **Make a copy of at least ONE (1) of the following verification documents listed below for each parent/legal guardian. Please note that families applying to the EOEL Public Prekindergarten Program are required to turn in financial documentation for each parent/legal guardian listed on the application.**

- **Department of Human Services (DHS) Form 1463 (Request for Information) – Verification of Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) benefits.** Take this form to Department of Human Services (DHS) to be completed by their staff. You will need to complete DHS Form 1465 “Consent to Release information” giving DHS permission to release your benefit information regarding SNAP (food stamps) and/or TANF. DHS can then provide the necessary information using DHS Form 1463 “Request for Information”. Please refer to page 14 in this packet for further details.
- **Official documentation from DHS verifying eligibility of SNAP and/or TANF benefits** that you may have already received.
- **2022 Signed Federal Income Tax Return, Form 1040 (2 pages)**
Remove all social security numbers. See samples in the packet.
- **Benefit Verification Letter** from Social Security Administration (SSA) to show evidence of Supplemental Security Income (SSI) eligibility. This letter is sometimes called a “budget letter,” a “benefits letter,” a “proof of income letter,” or a “proof of award letter.” See sample in the packet.
- **Evidence of Foster Care** from Department of Human Services.

_____ **Complete the application.**

Obtain a copy of the application from any one of the EOEL Public Pre-kindergarten Program schools or download an application from the [EOEL Public Pre-K Program](#) page.

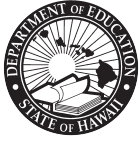
_____ **Attach a self-addressed, stamped envelope for each application.**

_____ **Submit a complete packet** (which includes a **completed, signed and dated application and copies of all required documents**), to the school where you are applying. Wait for notification by mail regarding your child’s eligibility for the program.

**Please make sure you submit a completed, signed and dated packet.
Incomplete packets will be returned and must be re-submitted in their entirety.**

QUESTIONS? Contact your nearest school or EOEL at 808-784-5350 or EOEL.Info@eoel.hawaii.gov.

**THIS PAGE
INTENTIONALLY
LEFT BLANK**



QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

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

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

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

MVA CODE

| | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i> | 06 |
| <input type="checkbox"/> | Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i> | 04 |
| <input type="checkbox"/> | Hotel/Motel <i>Due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing</i> | 02 |
| <input type="checkbox"/> | Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i> | 03 |
| <input type="checkbox"/> | Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i> | 07 |



If this box is checked, stop here and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

| | | |
|--------------------------|----------------------------|----|
| <input type="checkbox"/> | Unaccompanied Youth | 05 |
|--------------------------|----------------------------|----|

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

| Name | Age | School | Grade |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

Form **1040** Department of the Treasury - Internal Revenue Service **2022** U.S. Individual Income Tax Return CMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial _____ Last name _____ Your social security number _____

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. _____ Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State _____ ZIP code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____ You Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind

Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents

Income

| | | |
|----|---|----|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a |
| b | Household employee wages not reported on Form(s) W-2 | 1b |
| c | Tip income not reported on line 1a (see instructions) | 1c |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d |
| e | Taxable dependent care benefits from Form 2441, line 2e | 1e |
| f | Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| g | Wages from Form 8919, line 6 | 1g |
| h | Other earned income (see instructions) | 1h |
| i | Nontaxable combat pay election (see instructions) | 1i |
| z | Add lines 1a through 1h | 1z |
| 2a | Tax-exempt interest | 2a |
| 3a | Qualified dividends | 3a |
| 4a | IRA distributions | 4a |
| 5a | Pensions and annuities | 5a |
| 6a | Social security benefits | 6a |
| c | If you elect to use the lump-sum election method, check here (see instructions) | 7 |
| 8 | Other income from Schedule 1, line 10 | 8 |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 |
| 10 | Adjustments to income from Schedule 1, line 2e | 10 |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | 11 |
| 12 | Standard deduction or itemized deductions (from Schedule A) | 12 |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 |
| 14 | Add lines 12 and 13 | 14 |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 |

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$12,650; Married filing jointly or Qualifying surviving spouse, \$25,000; Head of household, \$19,400; If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113208 Form **1040** (2022)

REMEMBER TO...

- Remove ALL social security numbers from view.
- Submit ALL pages of the signed 2022 Federal Income Tax Return, Form 1040 (2 pages – as shown here)
- Only the 2022 Signed Federal Income Tax Return, Form 1040 (2 pages) will be accepted.

Sign and date the copy submitted to the school

If filing jointly, both parent(s)/legal guardian(s) must sign here.

Form 1040 (2022) Page 2

Tax and Credits

| | | |
|----|---|----|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 |
| 17 | Amount from Schedule 2, line 3 | 17 |
| 18 | Add lines 16 and 17 | 18 |
| 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 |
| 20 | Amount from Schedule 3, line 8 | 20 |
| 21 | Add lines 19 and 20 | 21 |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 |
| 24 | Add lines 22 and 23. This is your total tax | 24 |

Payments

| | | |
|----|---|-----|
| 25 | Federal income tax withheld from: | |
| a | Form(s) W-2 | 25a |
| b | Form(s) 1099 | 25b |
| c | Other forms (see instructions) | 25c |
| d | Add lines 25a through 25c | 25d |
| 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 |
| 27 | Earned income credit (EIC) | 27 |
| 28 | Additional child tax credit from Schedule 8812 | 28 |
| 29 | American opportunity credit from Form 8863, line 8 | 29 |
| 30 | Reserved for future use | 30 |
| 31 | Amount from Schedule 3, line 15 | 31 |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 |

Refund

| | | |
|-----|--|-----|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 |
| 35a | Amount of line 34 you want refunded to you . If Form 8886 is attached, check here <input type="checkbox"/> | 35a |
| b | Routing number | |
| c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number | |
| 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 |
| 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 |
| 38 | Estimated tax penalty (see instructions) | 38 |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes, Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Your signature _____ Date _____ Your occupation _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: Self-employed

Firm's name _____ Phone no. _____

Firm's address _____ Firm's EIN _____

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2022)

Verification of Temporary Assistance for Needy Families (TANF) & Supplemental Nutrition Assistance Program (SNAP) Benefits

Financial documentation in the form of SNAP and/or TANF benefits needs to include the following:

- Verification of SNAP/TANF benefits is required for **each parent/legal guardian listed on the application who receives such benefits.**

Example: Parent A and Parent B are both listed on the EOEL Public Prekindergarten Application. Both of them are receiving SNAP benefits. Therefore, we would need DHS SNAP documentation for both Parents A & B.

- Verification should reflect current benefit information (current month benefits and benefits expected for future months).
- Names of ALL Household members (adults and children) receiving benefits.

Financial documentation may be provided through the following means:

- Official documentation from DHS verifying eligibility of SNAP and/or TANF benefits that you may have already received
- “DHS 1463: Request for Information” form filled out by caseworker
- Printouts from the DHS PAIS system - <https://pais-benefits.dhs.hawaii.gov/>
- Additional documentation may be requested during the review process.

If using the “DHS 1463: Request for Information” form, see steps below:

1. Fill out “**DHS 1465: Consent to Release Information**”. List information needed on form.
2. Visit your DHS processing center bringing the filled-out **DHS 1465** form and the blank “**DHS 1463: Request for Information**” form for caseworker to fill out
3. Submit filled out “**DHS 1463: Request for Information**” form and additional documentation (if applicable) to the School Office.

CONSENT TO RELEASE INFORMATION

I _____, hereby give my
(1) (Circle One: Applicant / Recipient / Legal Guardian)

permission to the Department of Human Services, Benefit, Employment and Support Services Division (BESSD) to release information from their records pertaining to me or my family to:

(2) (Name of Person / Organization)

(3) The information to be reviewed / released is limited to the following: _____

(4) This information is to be used for: _____
(State Purpose)

(5) This consent is good until _____ (not to exceed one year from date signed
(month) (day) (year) unless I cancel it in writing to DHS-BESSD)

I understand why the information is being requested, how it will be used, and that this consent is time limited for my protection.

(6) *(Signature of Applicant / Recipient / Legal Guardian)* **(7)** *(Date)*

(8) *(Address of Applicant / Recipient)* **(9)** *(Social Security No. or Birthdate of Applicant/Recipient)*

I hereby agree that the information released will be used only for the purposes stated above and will not be released to any other individual, agency, or organization (HRS 346-10).

(10) *(Signature of person receiving / reviewing information)* **(Date)**

Return Completed Form To:

(11) *(Stamp Unit name and address)*

(12) *Worker's Name* *Telephone No.*

Complete two (2) copies:

Original – Case Record

Copy – Client

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

REQUEST FOR INFORMATION

RE:

_____ (Date)

Per your request, we are providing to you the information below.

This is to certify that _____ is currently receiving the

Following benefits (check boxes and fill in benefit amount): Financial Assistance \$ _____

Food Stamps \$ _____ Child Care Assistance \$ _____

Other: _____ \$ _____ from the Department of Human Services.

(Signature of Person Certifying the Above)

(Position of Person Certifying the Above)

(Unit Address)

(Phone Number)

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

**THIS PAGE
INTENTIONALLY
LEFT BLANK**



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2023 – 2024

AGE ELIGIBILITY & PRIORITY CATEGORIES

Your child must be three or four years old on or before July 31 of the current school year.

For school year 2023 - 2024, your child's birthday must fall **on or between August 1, 2018 - July 31, 2020.**

In addition to the age requirement, priority is given to children whose situations include one or more of the following listed below. Please identify the priority categories that you believe apply to you and your child's situation. Please note that additional documentation may be required. EOEL will consider this information and supporting documentation as this application is reviewed.

Check all that apply:

- Children who are experiencing **homelessness** or **unstable housing**
- Families with annual/monthly **Gross Family Income** at or below 300% of the Federal Poverty Guidelines(see table on page 3 of application packet) OR who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**).
- Children in **foster care**.
- Children who are **dual or multi-language learners**.
- Children who have been identified as requiring specialized instruction due to special need/disability (**IDEA-Individuals with Disabilities Act**, Special Education Services) and whose **Least Restrictive Environment (LRE) is determined as general education**.
- Children who are experiencing **at-risk situations** which may impact their development and learning.

Please feel free to include other information that you would want considered as this application is being reviewed.

REQUIRED DOCUMENTS

Documents that you must provide in order to process your application. **#1 – 4 are required for ALL applications.**

1. Completed EOEL application with signature(s) of **parent(s)/legal guardian(s)**.
2. Child/applicant's **birth certificate or passport**.
3. **Homelessness or unstable housing**: complete "Questionnaire to Determine Eligibility MV1" form (see p. 11).
4. **Income documentation for each parent/legal guardian listed (see p. 9)***: 2022 Signed Federal Income Tax Return Form 1040 (two pages) OR DHS Verification documentation.
*Foster parents are not required to provide income documentation.
5. **IDEA services (special education) with Least Restrictive Environment (LRE) determined as general education for specialized instruction**. Please inform school office so they can provide EOEL with appropriate documents.
6. **Foster care**: documentation from Department of Human Services.
7. **Adoption or legal guardianship**: legal documents and possibly additional documents.
8. **Other at-risk situations**: additional documents are required. Please contact your school office.

Child Information

Information about the CHILD.

Name of SCHOOL applying to

Child's legal name

Birth date

Gender

What is your child's **first acquired language**? _____

What is the **language most often spoken** at home? _____

What language is **most often used** by your child? _____

Residence address (number and street)

City/town, state, and ZIP code

Mailing address (if different from residence address)

City/town, state, and ZIP code

First Parent/Legal Guardian Information

Information about the first parent/legal guardian responsible for the child.

| | | |
|---|-------------------|--|
| First parent/legal guardian's legal name | | Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____ |
| Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | | Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed |
| Residence address (number and street) | | City/town, state, and ZIP code |
| Mailing address (if different from residence address) | | City/town, state, and ZIP code |
| Home phone number | Cell phone number | Additional phone number |
| Email address | | |

Second Parent/Legal Guardian Information

Information about the secondary parent/legal guardian responsible for the child.

Not Applicable
(if checked leave
this box blank)

| | | |
|---|-------------------|--|
| Second parent/legal guardian's legal name | | Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____ |
| Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | | Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed |
| Residence address (number and street) | | City/town, state, and ZIP code |
| Mailing address (if different from residence address) | | City/town, state, and ZIP code |
| Home phone number | Cell phone number | Additional phone number |
| Email address | | |

Early Head Start Services

for Birth to 3 Years of Age and Expectant Mothers

I am interested in Early Head Start services for my infant/toddler and/or myself.

Note: Early Head Start is NOT part of the EOEL Public Pre-K Program. It is operated by federally funded private agencies at affordable rates or at no cost to families. By checking/marking the box above, I am agreeing to share my contact information with Early Head Start.

Your 'Ohana Programs (Home Visiting)

for Birth to 5 Years of Age and Expectant Mothers

(www.yourohana.org)

I am interested in Your 'Ohana Programs for my family, keiki, and/or myself.

Note: Your 'Ohana programs are NOT part of the EOEL Public Pre-K Program. These programs are supported by the Department of Health and are provided at no cost to families. By checking/marking the box above, I am agreeing to share my contact information with the Your 'Ohana programs.

SIGN HERE (required)

Please read, then **SIGN** and date your application.

I hereby certify that the information provided in this application and in the supporting documents is complete and true to the best of my knowledge. I agree to provide additional information and documentation upon request to complete my application.

| | |
|--|------|
| First parent/legal guardian's signature | Date |
| Second parent/legal guardian's signature (If applicable) | Date |