



早期学习 (EOEL) 执行办公室公 共学前班计划

申请资料包

2023-2024学年

参加DOE学校

向您感兴趣的每所学校单独提交填妥的申请资料包。

夏威夷岛

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

可爱岛

'Ele'ele Elementary • Kekaha Elementary

NEW DOE School SY 23-24: Kīlauea Elementary

拉奈岛

Lāna'i High and Elementary

毛伊岛

Kula Elementary • Pukalani Elementary

NEW DOE Schools SY 23-24: Hāna High and Elementary • Wailuku Elementary

摩洛凯岛

Kaunakakai Elementary • Kilohana Elementary

欧胡岛

'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 • Wahiawā Elementary



早期学习（EOEL）执行办公室公共学前班计划 资格要求和申请信息 2023-2024学年

感谢您对EOEL公共学前班计划的关注。请阅读以下信息，了解本计划的资格要求、申请要求以及录取和注册流程。

我的孩子是否有资格参加本计划？

Children must be age three or four on or before July 31 of the current school year. 对于2023-2024学年，在2018年8月1日至2020年7月31日期间（包括当天）出生的儿童均符合资格。除年龄要求外，请参阅第3页（儿童如何有资格参加本计划？）关于接受参加本计划的优先领域。

什么时候可以提交申请？

从2023年3月1日 (June 1, 2023 for NEW SCHOOLS) 开始可以向学校提交申请。请注意，必须是完整提交的申请才会被视为符合资格。不完整的资料包将被退回，必须完整重新提交。

每间教室有多少孩子？

每个班级招收的最大学生人数由教室面积决定。不过，每个班级不得超过20名学生。（班级规模可能会发生变化，以满足儿童和工作人员在出现意外情况时的健康和​​安全需求。请与您申请的学校联系，以了解最新情况。）

由于招生空间有限，建议家庭尽快提交完整的申请和必需文件。

我应该向哪所学校提交申请和必需文件？

填写随附的申请表并将其连同必需文件提交给您希望您孩子就读的学校（请参阅第7-8页的学校列表）。

EOEL公共学前班计划不设地域限制。但是，优先考虑申请家庭学校的儿童，即住在学校地域界限范围内的儿童。请联系距您最近的学校，了解您的家庭是否居住在学校所在的家庭学校校区内。

我需要向学校提交什么资料？

完整的资料包包括第9页（申请清单）中列出的所有文件。如果没有提供所有必需文件，申请将不会被接受。另请在每个资料包中随附一个贴有邮票的回邮信封。

儿童如何有资格参加本计划？

除年龄要求外，优先考虑符合但不限于下列一种或多种情况的儿童：

- 根据《残疾人法案》（IDEA）有资格享受**特殊教育服务**并需要接受普通教育安置的儿童。
- **寄养儿童**。
- **目前无家可归或住房不稳定的儿童**。

“无家可归”是指没有固定、正常和适当的夜间住所的个人（根据美国法典第42卷第11302(a)(1)节的定义），包括：

- **不受庇护**：没有固定的夜间住宿地点，住在露营地、汽车、海滩/公园、废弃的建筑、街道或任何其他不适合居住的地方。
- **庇护所**：住在紧急庇护所、过渡庇护所或家庭暴力庇护所。
- **酒店/汽车旅馆**：由于缺乏其他合适的住房而住在酒店或汽车旅馆，**不包括**为等待住房的军人提供的临时住所。
- **同宿一室**：由于失去住房或经济困难而暂时与家人或其他人住在一起。

- 属于**双语或多语学习者**的儿童。
- 正在经历**有风险情况**的儿童，这些情况可能会影响他们的学习和发展。
- 年度/每月**家庭总收入**等于或低于联邦贫困线的300%或领取贫困家庭临时援助（**TANF**）和/或补充营养援助计划（**SNAP**）福利的家庭。

家庭规模	最高* <u>每月</u> 总收入*	最高* <u>年度</u> 总收入*
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

*截至2023年1月夏威夷联邦贫困线（FPG）的300%。

适用于2023年6月30日 (July 31, 2023 for NEW DOE Schools) 之前收到的资料包。

- 申请家庭学校（居住在该学校地域界限范围内）的儿童将按照学校收到完整申请和所有必需文件的顺序进行注册。
- 如果6月30日 (July 31st for NEW DOE Schools) 之后仍有招生空间，则非家庭学校的学生将按照学校收到完整资料包的顺序进行注册。
- 学校将向家长/法定监护人发送录取通知书或拒绝通知书。录取通知书将指示家长/法定监护人在学校办公室为他们的孩子注册。必须在儿童入学的第一天之前填妥并提交所需的学校注册表。

适用于从2023年7月3日(August 1, 2023 for NEW DOE Schools) 开始接收的资料包：

- 可用招生空间仅根据学校收到完整申请和所有必需文件的顺序填满。换言之，从7月3日起 (August 1, 2023 for NEW DOE Schools)，不再优先考虑申请家庭学校的儿童。
- 学校将视情况向家长/法定监护人发送录取通知书或拒绝通知书。录取通知书将指示家长/法定监护人在学校办公室为他们的孩子注册。必须在儿童入学的第一天之前填妥并提交所需的学校注册表。
- 招满学生后，剩余的申请人将根据收到资料包的顺序置于学校管理的候补名单中。学校将致函家长/法定监护人，通知他们候补名单的状态。

如果我的孩子被本计划录取，学校的时间表是怎样的？

EOEL公共学前班计划班级时间表基于DOE的学年时间表，与学前班全日制时间表保持一致。通常，大多数教学日从上午8点开始，到下午2点左右结束。如需了解更具体的时间，请联系您申请的学校。如需联系人列表，请参阅第7-8页（EOEL公共学前班计划DOE学校）。

有没有课前和课后托管呢？

目前，EOEL公共学前班计划中的儿童不符合为K-5/6年级的DOE学生提供的课前或课后托管的条件。

DOE学生巴士交通呢？

目前，EOEL公共学前班计划的儿童不符合为K-5/6年级的DOE学生提供的学生巴士交通服务的条件。

除了EOEL公共学前班计划之外还有其他计划吗？

早期启蒙和启蒙

早期启蒙（EHS）和启蒙（HS）是为符合收入条件的儿童提供健康、教育、家庭支持和家庭参与服务和资源的计划。这些服务每天在教室中（半日或全日）或通过每周家访提供。

EHS计划服务于孕妇、婴幼儿及其家庭。HS计划服务于学龄前儿童及其家庭。

半日制课程（上午8点至下午2点）免费向家庭提供，全日制课程则以实惠的价格提供。EHS/HS计划优先考虑有特殊需要的儿童以及寄养系统中的儿童或无家可归的儿童。

有关启蒙计划的更多信息，包括这些计划的联系信息，请访问EOEL网站上的[夏威夷启蒙协作办公室页面](#)。

Your ‘Ohana计划

Your ‘Ohana计划属于家访计划，为您和您的家庭提供健康、儿童发育和入学准备方面的支持。通过定期拜访训练有素的专业人员，了解如何引导您的家庭幸福并为您的孩子提供更好的机会。

Your ‘Ohana计划为孕妇、0-5岁儿童及其家庭提供服务。

Your ‘Ohana计划为居住在以下邮政编码区域的家庭提供服务。欧胡岛、夏威夷岛、毛伊县和可爱岛的[详细服务区地图](#)可在线获取。

岛屿	邮政编码区域（部分覆盖区域以斜体表示）。
欧胡岛	<ul style="list-style-type: none">• 市中心/卡利希： 96817, 96819• Wahiawa: 96786, 96789, 96857• Wai‘anae: 96792
毛伊岛	<ul style="list-style-type: none">• 96732, 96753, 96779, 96793
夏威夷岛	<ul style="list-style-type: none">• 夏威夷东部： 96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785• 夏威夷西部： 96704, 96725, 96726, 96740, 96750
可爱岛	<ul style="list-style-type: none">• 96705, 96741, 96756, 96765
摩洛凯岛	<ul style="list-style-type: none">• 96729, 96748, 96757, 96770
拉奈岛	<ul style="list-style-type: none">• 96763

通过Your ‘Ohana计划提供的所有课程均免费提供给家庭，且系自愿提供。有关Your ‘Ohana的更多信息，包括联系方式和资格信息，请访问[Your ‘Ohana](#)网站并单击“[立即注册](#)”。

您还可以
在EOEL网站上找到有关其他[低成本或免费儿童早期发展和学习计划](#)的信息。

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

岛屿	学校	电话	校长
夏威夷岛	Waimea Elementary	808-887-7636	Tammie Picklesimer
可爱岛	Kīlauea Elementary	808-828-1212	Fig Mitchell
毛伊岛	Hāna High and Elementary	808-248-4815	Christopher Sanita
	Wailuku Elementary	808-727-5500	Dr. Nikan Arapoff
欧胡岛	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公共学前班计划DOE学校			
岛屿	学校	电话	校长
夏威夷岛	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
可爱岛	Pāhoa Elementary	808-313-4400	Michelle Payne-Arakaki
	'Ele'ele Elementary	808-335-2111	Allison Carveiro
拉奈岛	Kekaha Elementary	808-337-7655	Joseph Hicks
	Lāna'i HS and Elementary	808-565-7900	Douglas Boyer
毛伊岛	Kula Elementary	808-876-7610	Marianne Wheeler
	Pukalani Elementary	808-727-3900	Ty Ogasawara
摩洛凯岛	Kaunakakai Elementary	808-567-7200	Daniel Espaniola
	Kilohana Elementary	808-774-8400	Shona Pineda
欧胡岛	'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	

申请清单

适用于家长/法定监护人（2023-2024学年）

了解如何申请。

从任何一所EOEL公共学前班计划学校获取申请资料包副本，或从[EOEL公共学前班计划](#)页面下载申请表。

了解您是否正在申请您的家庭学校。

联系学校，了解您是否居住在家庭学校校区（在学校的地域界限范围内）。如果是，请询问接受哪些文件作为居住证明。复印每份文件。

复印一（1）份下列年龄验证文件：

- **出生证明**，州卫生部出具的正式副本（不接受医院文件和摘要）
- 或**护照**

填写并附上“确定MV1资格的问卷调查”表（请参阅第11页）。

为每位家长/法定监护人至少复印一（1）份下列验证文件。请注意，申请EOEL公共学前班计划的~~家庭~~需要为申请表中列出的每位家长/法定监护人上交财务文件。

- **公众服务部（DHS）表格1463（信息请求） - 补充营养援助计划（SNAP）和/或贫困家庭临时援助（TANF）福利核实。**

将此表格交给公众服务部（DHS），由其工作人员填写。您需要填写DHS表格1465“发布信息同意书”，允许DHS发布您的关于SNAP（食品救济券）和/或TANF的福利信息。然后，DHS可以使用DHS表格1463“信息请求”提供必要的信息。请参阅本资料包的第14页了解更多详情。

- **DHS颁发的官方文件**，用于核实您可能已经领取的SNAP和/或TANF福利的资格。
- **2022年签署版联邦所得税申报表1040（2页）**
删除所有社会安全号码。 请参阅资料包中的示例。
- 美国社会保障署（SSA）出具的**福利核实函**，以显示补充社会安全收入（SSI）资格的证据。该函件有时被称为“预算函”、“福利函”、“收入证明函”或“奖励证明函”。请参阅资料包中的示例。
- 公众服务部出具的**寄养证据**。

填写申请。

从任何一所EOEL公共学前班计划学校获取申请表副本或从[EOEL公共学前班计划](#)页面下载申请表。

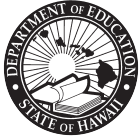
为每份申请随附一个贴有邮票的回邮信封。

向您申请的学校提交完整的资料包（包括填妥、签名并注明日期的申请表以及所有必需文件的副本）。等待有关您的孩子是否有资格参加本计划的邮件通知。

**请确保您提交填妥、签名并注明日期的资料包。
不完整的资料包将被退回，必须完整重新提交。**

有疑问？ 请联系距您最近的学校或EOEL，致电808-784-5350或发送电子邮件至EOEL.Info@eoel.hawaii.gov。

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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
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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

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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/county _____ 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

Someone can claim: You as a dependent Your spouse as a dependent Yes No

Standard Deduction 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

If more than four dependents, see instructions and check here

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a
 1b Household employee wages not reported on Form(s) W-2 1b
 1c Tip income not reported on line 1a (see instructions) 1c
 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
 1e Taxable dependent care benefits from Form 2441, line 26 1e
 1f Employer-provided adoption benefits from Form 8839, line 29 1f
 1g Wages from Form 8919, line 6 1g
 1h Other earned income (see instructions) 1h
 1i Nontaxable combat pay election (see instructions) 1i
 z Add lines 1a through 1h 1z

2a Tax-exempt interest 2a
 2b Taxable interest 2b
 3a Qualified dividends 3a
 3b Ordinary dividends 3b
 4a IRA distributions 4a
 4b Taxable amount 4b
 5a Pensions and annuities 5a
 5b Taxable amount 5b
 6a Social security benefits 6a
 6b Taxable amount 6b
 7 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 26 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.

Form 1040 (2022)

请记得...

- 从视图中删除所有社会安全号码。
- 提交已签署的2022年联邦所得税申报表1040的所有页面 (2页 - 如此处所示)
- 仅接受已签署的 2022 年联邦所得税申报表 1040 (2 页)。

在提交给学校的副本上签名并注明日期

如果联合提交，家长/法定监护人均必须在此签名。

Form 1040 (2022) Page 2

Tax and Credits

16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 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 8888 is attached, check here 35a
 b Routing number _____ c Type: Checking Savings
 d Account number _____

36 Amount of line 34 you want applied to your 2023 estimated tax 36

Amount You Owe

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
 Spouse's signature. If joint return, both must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

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)

贫困家庭临时援助（TANF）和补充营养援助计划（SNAP）福利核实

SNAP和/或TANF福利形式的财务文件需要包括以下内容：

- 需要对申请表中列出的每一位领取SNAP/TANF福利的家长/法定监护人进行福利核实。

示例：家长A和家长B都列在EOEL公共学前班申请表上。他们两人都在领取SNAP福利。因此，我们需要家长A和B的DHS SNAP文件。

- 核实信息应反映当前福利信息（当月福利和未来几个月的预期福利）。
- 领取福利的所有家庭成员（成人和儿童）的姓名。

可通过以下方式提供财务文件：

- DHS颁发的官方文件，用于核实您可能已经领取的SNAP和/或TANF福利的资格
- “DHS 1463：信息请求”表格，由社会工作者填写
- DHS PAIS系统的打印输出 - <https://pais-benefits.dhs.hawaii.gov/>
- 在审核过程中可能会要求提供其他文件。

如果使用“DHS 1463：信息请求”表格，请参见以下步骤：

1. 填写“**DHS 1465：发布信息同意书**”。列出表格所需的信息。
2. 携带填妥的**DHS 1465**表格和空白的“**DHS 1463：信息请求**”前往您的DHS处理中心，让社会工作者填写
3. 向学校办公室提交填妥的“**DHS 1463：信息请求**”表格和其他文件（如适用）。

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

本页故意留空

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)

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Sample Online Benefit Verification Letter

  <p>Social Security Administration Benefit Verification Letter</p> <p>Date: Month D, Year BNC#: XXXXXXXXXXXXX REF: A, DI</p> <p>40201\$\$\$\$\$\$%\$\$\$% THIS IS A DRAFT</p> <p>JOHN Q PUBLIC 6401 SECURITY BLVD BALTIMORE MD 21235-0001</p> <p>You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.</p> <p>Information About Current Social Security Benefits</p> <p>Beginning December 2019, the full monthly Social Security benefit before any deductions is \$566.00.</p> <p>We deduct \$0.00 for medical insurance premiums each month.</p> <p>The regular monthly Social Security payment is \$566.00. (We must round down to the whole dollar.)</p> <p>Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)</p> <p>Your Social Security benefits are paid on or about the third of each month.</p> <p>We found that you became disabled under our rules on September 30, 1993.</p> <p>Information About Past Social Security Benefits</p> <p>From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was \$557.10.</p> <p>We deducted \$0.00 for medical insurance premiums each month.</p> <p>The regular monthly Social Security payment was \$557.00. (We must round down to the whole dollar.)</p> <p>Type of Social Security Benefit Information</p> <p>You are entitled to monthly disability benefits.</p> <p>See Next Page</p>	<p>Income Payments</p> <p>l Security Income payment</p> <p>to month if income or living</p> <p>paid the month they are due.</p> <p>Payments for March are paid in</p> <p>rules on September 30, 1993.</p> <p>Payment Information</p> <p>abled individual.</p> <p>12, 1966.</p> <p>edicare beginning March 1996.</p> <p>edicare beginning March 1996.</p> <p>R. FOR DEMONSTRATION</p> <p>ector General's Fraud Hotline at</p> <p>alsecurity.gov on the Internet to find ou have any specific questions, you your local office at [REDACTED]. If you are deaf or hard of hearing, . You can also write or visit any ur area is located at:</p>
--	--

注：
只有补充社会安全收入（SSI）
适用于优先类别目的。

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration



Securing today
and tomorrow

Social Security Administration

Publication No. 05-10552

December 2020 (Recycle prior editions)

The Fastest Way to Verify Social Security and Supplemental Security Income Benefits

Produced and published at U.S. taxpayer expense

本页故意留空



2023-2024 学年早期学习执行办公室
(EOEL) 公共学前班计划申请 (CS)

请使用本指南用英文填写此申请。

年龄资格和优先类别

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

对于2023-2024学年，您孩子的生日必须在**2018年8月1日-2020年7月31日期间（包括当天）**。

除年龄要求外，优先考虑符合下列一种或多种情况的儿童。请确定您认为适用于您和您孩子情况的优先类别。请注意，可能需要提供额外文件。EOEL将在审核此申请时考虑这些信息和证实文件。

请勾选所有适用项：

- 目前无家可归或住房不稳定的儿童
- 年度/每月家庭总收入等于或低于联邦贫困线的300%（请参阅申请资料包第3页的表格）或领取贫困家庭临时援助（TANF）和/或补充营养援助计划（SNAP）福利的家庭。
- 寄养儿童。
- 属于双语或多语学习者的儿童。
- 因特殊需要/残疾（IDEA-《残障者教育法案》，特殊教育服务）而被确定为需要接受普通教育安置的儿童。
- 正在经历有风险情况的儿童，这些情况可能会影响他们的发展和 Learning。

请随意包含您希望在审核此申请时被纳入考量的其他信息。

必需文件

是指为了处理您的申请，您必须提供的文件。1-4是针对所有申请的必需文件。

1. 已填妥的EOEL申请，并有家长/法定监护人的签名。
2. 儿童/申请人的出生证明或护照。
3. 无家可归或住房不稳定：填写“确定MV1资格的问卷调查”表格（参见第11页）。
4. 所列每位家长/法定监护人的收入文件（参见第9页）*：2022年签署版联邦所得税申报表1040（两页）或DHS核实文件。
*养父母无需提供收入文件。
5. IDEA服务（特殊教育）与普通教育安置专门说明：请通知学校办公室，以便他们向EOEL提供适当的文件。
6. 寄养：公众服务部出具的文件。
7. 收养或法定监护：法律文件和可能需要的其他文件。
8. 其他有风险的情况：需要其他文件。请联系您的学校办公室。

儿童信息

关于儿童的信息。

申请的学校名称

儿童的法定姓名

出生日期

性别

您孩子的**第一语言**是什么？ _____

在家里**最常说的语言**是什么？ _____

您孩子**最常使用**什么语言？ _____

居住地址（门牌号和街道）

城市/城镇、州和邮政编码

邮寄地址（如果与居住地址不同的话）

城市/城镇、州和邮政编码

第一位家长/法定监护人信息

有关对儿童负责的第一位家长/法定监护人的信息。

第一位家长/法定监护人的法定姓名		与儿童的关系： <input type="checkbox"/> 家长 <input type="checkbox"/> 监护人 <input type="checkbox"/> 养父母 <input type="checkbox"/> 其他：_____
婚姻状况： <input type="checkbox"/> 单身 <input type="checkbox"/> 已婚 <input type="checkbox"/> 离异 <input type="checkbox"/> 分居 <input type="checkbox"/> 丧偶		就业状况： <input type="checkbox"/> 就业 <input type="checkbox"/> 失业
居住地址（门牌号和街道）		城市/城镇、州和邮政编码
邮寄地址（如果与居住地址不同的话）		城市/城镇、州和邮政编码
家庭电话号码	手机号码	其他电话号码
电子邮件地址		

第二位家长/法定监护人信息

有关对儿童负责的第二位家长/法定监护人的信息。

不适用 (If checked leave this box blank)

第二位家长/法定监护人的法定姓名		与儿童的关系： <input type="checkbox"/> 家长 <input type="checkbox"/> 监护人 <input type="checkbox"/> 养父母 <input type="checkbox"/> 其他：_____
婚姻状况： <input type="checkbox"/> 单身 <input type="checkbox"/> 已婚 <input type="checkbox"/> 离异 <input type="checkbox"/> 分居 <input type="checkbox"/> 丧偶		就业状况： <input type="checkbox"/> 就业 <input type="checkbox"/> 失业
居住地址（门牌号和街道）		城市/城镇、州和邮政编码
邮寄地址（如果与居住地址不同的话）		城市/城镇、州和邮政编码
家庭电话号码	手机号码	其他电话号码
电子邮件地址		

请使用本指南用英文填写此申请。

早期启蒙服务
出生至3岁和准妈妈

Your 'Ohana计划（家访）
出生至5岁和准妈妈
(www.yourohana.org)

我对为我的婴幼儿/学步儿童和/或我自己提供的早期启蒙服务感兴趣。

我对为我的家庭、儿童和/或我自己提供的Your 'Ohana计划很感兴趣。

注：早期启蒙不属于EOEL公共学前班计划。该计划由联邦资助的私人机构运营，以优惠价格或免费对家庭提供。选中/标记上面的方框即表示本人同意与早期启蒙计划分享我的联系信息。

注：Your 'Ohana计划不属于EOEL公共学前班计划。这些计划由卫生部支持，并免费提供给家庭。选中/标记上面的方框即表示本人同意与Your 'Ohana计划共享我的联系信息。

在此处签名（必填）

请阅读，然后在您的申请表上**签名**并注明日期。

本人谨此证明，据本人所知，本申请表及有关真实文件所提供的信息均属完整及真实。本人同意根据要求提供其他信息和文件以完成我的申请。

第一位家长/法定监护人的签名	日期
第二位家长/法定监护人的签名（如适用）	日期



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

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