



早教執行辦公室 (EOEL) 公立幼 兒園預備班計劃

申請資料包

2023-2024 學年

加入 DOE 學校

向您感興趣的每所學校提交單獨的完整申請包。

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 • Waiāluā 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



早教執行辦公室 (EOEL) 公立幼兒園預備班計劃

資格要求和申請信息

2023-2024 學年

感謝您對 EOEL 公立幼兒園預備班計劃的關注。請閱讀以下信息，了解該計劃的資格要求、申請要求以及錄取和註冊流程。

我的孩子有資格參加這個項目嗎？

Children must be age three or four on or before July 31 of the current school year. 對於 2023 - 2024 學年，在 2018 年 8 月 1 日至 2020 年 7 月 31 日或之間出生的孩子符合資格。除年齡要求外，請參閱第 3 頁中關於優先錄取入該計劃的領域（孩子如何才能有資格參加該計劃？）。

什麼時候可以遞交申請？

從 2023 年 3 月 1 日 (June 1, 2023 for NEW DOE Schools) 開始，可以向學校提交申請。請注意，申請必須完整提交才能被進一步考慮是否符合資格。不完整的文件包將被退回，且必須重新全部提交。

每個教室有多少孩子？

每個班級的最大招收學生人數由教室面積決定。但是，每個班級的學生人數不得超過 20 人。（班級規模可能會發生變化，以滿足兒童和工作人員在意外情況下的健康和​​安全需求。請與您申請的學校聯繫，獲取最新消息。）

由於空間有限，建議各家庭 儘快提交完整的申請表和所需文件。

我應該向哪所學校提交申請和所需文件？

填寫附件申請表並將其連同所需文件提交給您希望孩子就讀的學校（請參閱第 7-8 頁的學校列表）。

EOEL 公共幼兒園預備班項目不需要得到學區例外情況的批准。但是，申請本區學校的兒童將得到優先考慮。這些指的是居住在學校學區範圍內的孩子。請聯繫最近的學校，了解您的家人是否居住在學校所在的學區內。

我需要向學校提交什麼？

完整的文件包包括第 9 頁（申請清單）中列出的所有文件。如所有必需的文件不齊，申請將不被接受。另請在每個文件包中附上一個回郵信封。

孩子如何才能有資格參加該計劃？

除年齡要求外，優先考慮符合但不限於以下一種或多種情況的兒童：

- 根據《殘疾人法案》(IDEA) 有資格獲得**特殊教育服務**並需要接受普通教育安置的兒童。
- 寄養兒童。
- 無家可歸或住房不穩定的兒童。

“無家可歸者”是指沒有固定、規律和足夠夜間住所的人（在 42 USCS §11302(a)(1) 的含義內），包括：

- **無居所**：沒有固定的夜間住宿地點，住在露營地、汽車、海灘/公園、廢棄的建築物、街道或任何其他不適合居住的地方。
- **避難所**：住在緊急避難所、過渡避難所或家庭暴力避難所中。
- **酒店/汽車旅館**：由於缺乏其他合適的住房而住在酒店或汽車旅館，**不包括**等待住房的軍人的臨時住所。
- **共用住所**：由於失去住房或經濟困難而暫時與家人或其他人住在一起。

- 雙語或多語學習中的兒童。
- 處於危險境地並可能會影響其學習和發展的兒童。
- 年/月家庭總收入等於或低於聯邦貧困線的**300%** 或接受貧困家庭臨時援助 (TANF) 和/或補充營養援助計劃 (SNAP) 的家庭。

家庭規模	最高每月總收入*	最高每年總收入*
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 月夏威夷聯邦貧困線 (FPG) 的 300%。

對於 2023 年 6 月 30 日 (July 31, 2023 for NEW DOE Schools) 之前收到的文件包。

- 申請其所在學區的學校（居住在該學校的學區範圍內）的兒童將按照學校收到完整申請和所有必需文件的順序進行註冊。
- 如果 6 月 30 日 (July 31st for NEW DOE Schools) 之後仍有空位，則非本區學校的學生將按照學校收到完整包裹的順序進行註冊。
- 學校將向家長/法定監護人發送錄取或拒絕信。錄取通知書將指示家長/法定監護人在學校辦公室為他們的孩子註冊。所需的學校註冊表格必須在孩子入學的第一天之前完成並提交。

對於從 2023 年 7 月 3 日 (August 1, 2023 for NEW DOE Schools) 起收到的文件包：

- 僅根據學校收到完整申請和所有必需文件的順序來填補空位。也就是說，從 7 月 3 日 (August 1, 2023 for NEW DOE Schools) 起，申請本區學校的孩子不再受到優先考慮。
- 學校將視情況向家長/法定監護人發送錄取通知書或拒絕通知書。錄取通知書將指示家長/法定監護人在學校辦公室為他們的孩子註冊。所需的學校註冊表格必須在孩子入學的第一天之前完成並提交。
- 一旦空位被填滿，剩餘的申請人將根據收到文件包的順序被放置在學校管理的候補名單上。學校將致函家長/法定監護人，通知他們候補名單的狀態。

如果我的孩子被錄取，學校的時間表是怎樣的？

EOEL 公立幼兒園預備班計劃的班級時間表基於 DOE 的學年時間表制定，與幼兒園全日制時間表保持一致。通常，大多數上課日從上午 8:00 開始，到下午 2:00 左右結束。關於更具體的時間，請聯繫您申請的學校。如需聯繫人列表，請參閱第 7-8 頁（EOEL 公立幼兒園預備班計劃中的 DOE 學校）。

課前和課後的照護是怎樣的呢？

目前，EOEL 公立幼兒園預備班計劃中的兒童不符合為 K-5/6 年級的 DOE 學生提供的課前或課後照護的資格。

DOE 學生巴士交通是怎樣的呢？

目前，EOEL 公立幼兒園預備班計劃的兒童不符合為 K-5/6 的 DOE 學生提供的學生巴士交通服務。

除了 EOEL 公立幼兒園預備班之外還有其他項目嗎？

早期啟蒙和啟蒙計劃

早期啟蒙 (EHS) 和 啟蒙 (HS) 計劃是為符合收入條件的兒童提供健康、教育、家庭支持和家庭參與服務和資源的計劃。服務將於每天在教室 (半日或全日) 或通過每周家訪提供。

EHS 服務於孕婦、嬰幼兒及其家人。HS 服務於學齡前兒童及其家庭。

半日制課程 (上午 8 點至下午 2 點) 將免費提供給家庭，全日制課程將以實惠的價格提供。EHS/HS 計劃優先考慮有特殊需要的兒童以及在寄養系統中或無家可歸的兒童。

有關啟蒙計劃的更多信息，包括聯繫信息和計劃信息，請訪問 EOEL 網站上的[夏威夷啟蒙合作辦公室頁面](#)。

Your 'OHANA 計劃

Your 'Ohana 計劃是多項家訪計劃，為您和您的家人提供健康、兒童發育和入學準備方面的支持。通過訓練有素的專業人員定期拜訪，了解如何引導您的家人過得幸福並為您的孩子提供更好的機會。

Your 'Ohana 計劃為孕婦、0-5 歲的兒童及其家人提供服務。

Your 'Ohana 計劃為居住在以下郵政編碼地區的家庭提供服務。在線提供歐胡島、夏威夷島、茂宜縣和考艾島的[詳細服務區地圖](#)。

島嶼	郵政編碼區域 (部分覆蓋區域以斜體表示) 。
歐胡島	<ul style="list-style-type: none">● 市中心/卡利希：96817, 96819● Wahiawa: 96786, 96789, 96857● Wai'anae: 96792
茂宜島	<ul style="list-style-type: none">● 96732, 96753, 96779, 96793
夏威夷	<ul style="list-style-type: none">● E. 夏威夷：96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785● W. 夏威夷：96704, 96725, 96726, 96740, 96750
考艾島	<ul style="list-style-type: none">● 96705, 96741, 96756, 96765
摩洛凱島	<ul style="list-style-type: none">● 96729, 96748, 96757, 96770
拉奈島	<ul style="list-style-type: none">● 96763

通過 Your 'Ohana 提供的所有項目都是免費提供給各家庭的，並且是自願的。有關 Your 'Ohana 的更多信息，包括聯繫方式和資格信息，請訪問 [Your 'Ohana](#) 網站並單擊 "[立即註冊](#)"。

您還可以在 EOEL 網站上找到有關其他[低成本或免費兒童早期發展和學習計劃](#)的信息。

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

島嶼	學校	電話	校長
夏威夷	Waimea 小學	808-887-7636	Tammie Picklesimer
考艾島	Kīlauea 小學	808-828-1212	Fig Mitchell
茂宜島	Hāna 高中和小學	808-248-4815	Christopher Sanita
	Wailuku 小學	808-727-5500	Dr. Nikan Arapoff
歐胡島	Blanche Pope 小學	808-259-0450	Francine Fernandez
	Fern 小學	808-832-3040	Glen Miyasato
	Honowai 小學	808-307-7100	Stacy Kawamura
	Ka'ewai 小學	808-832-3500	Bert Carter
	Lincoln 小學	808-587-4480	Jacqueline Ornellas
	Sunset Beach 小學	808-307-1000	Eliza Elkington
	Wahiawā 小學	808-622-6393	Sean Takashima

EOEL Public Prekindergarten Program DOE Schools

島嶼	學校	電話	校長
夏威夷	Chiefess Kapi'olani 小學	808-974-4160	Kimberly Castillo
	Hilo Union 小學	808-933-0900	Bryan Arbles
	Hōnaunau 小學	808-328-2727	Noreen Kunitomo
	Honoka'a 小學	808-775-8820	Rory Souza
	Kea'au 小學	808-313-4600	Brandon Tanabe
	Keonepoko 小學	808-313-4500	Kasey Eisenhour
	Kohala 小學	808-889-7100	Hannah Loyola
	Konawaena 小學	808-323-4555	Mike McCloskey
	Mountain View 小學	808-313-3200	Adria Medeiros
	Nā'ālehu 小學	808-313-4000	Wilma Roddy
	Pāhoa 小學	808-313-4400	Michelle Payne-Arakaki
考艾島	'Ele'ele 小學	808-335-2111	Allison Carveiro
	Kekaha 小學	808-337-7655	Joseph Hicks
拉奈島	Lāna'i 高中和小學	808-565-7900	Douglas Boyer
茂宜島	Kula 小學	808-876-7610	Marianne Wheeler
	Pukalani 小學	808-727-3900	Ty Ogasawara
摩洛凱島	Kaunakakai 小學	808-567-7200	Daniel Espaniola
	Kilohana 小學	808-774-8400	Shona Pineda
歐胡島	'Aiea 小學	808-305-4400	Ryan Ishimoto
	Hale'iwa 小學	808-637-8237	Malaea Wetzel
	Kailua 小學	808-266-7878	Allyson Doherty
	Kalihi Uka 小學	808-305-6200	Derek Santos
	Kapālama 小學	808-832-3290	Ronald Oyama
	Keolu 小學	808-266-7818	Kau'i Tanaka
	Likelike 小學	808-832-3370	Kelly Bart
	Linapuni 小學	808-305-2150	Kimberly Ann Fuller
	Nānāikapono 小學	808-305-7800	Christine Udarbe
	Nānākuli 小學	808-307-8600	Lisa Ann Higa
	Pālolo Elementary 小學	808-733-4700	Gary Harada
	Pu'uhale 小學	808-832-3190	Sabrina Feliciano
	Waiāhole 小學	808-239-3111	Alexandra Obra
	Waialua 小學	808-307-2600	Varissa Pata
	Wai'anae 小學	808-305-2900	Sheldon Konno
Waimānalo 小學和國際學校。	808-259-0460	Elissa Johnson	

申請清單

家長/法定監護人 (2023-2024 學年)

了解如何申請。

從任何一所 EOEL 公立幼兒園預備班計劃的學校獲取申請包副本，或從 [EOEL 公立幼兒園預備班計劃](#) 頁面下載申請表。

了解您是否正在申請您所居住區域的學校。

聯繫該學校，了解您是否居住在該校所在區域（在學校的地理邊界內）。如果您居住在此區，請詢問他們接受哪些文件作為居住證明。複印每份文件。

複印下列年齡驗證文件各一 (1) 份：

- **出生證明**，國家衛生部頒發的正式副本（不接受醫院文件和摘要）
- 或 **護照**

填寫並附上“確認資格的問卷調查 MV1”表格（請參閱第 11 頁）。

每位家長/法定監護人都要復印至少一 (1) 份下列驗證文件。請注意，申請 EOEL 公立幼兒園預備班計劃的家庭需要為申請表中列出的每位家長/法定監護人上交財務文件。

- **公共服務部 (DHS) 表格 1463 (信息請求)**——**補充營養援助計劃 (SNAP) 和/或貧困家庭臨時援助 (TANF) 福利的驗證。**
將此表格交給公共服務部 (DHS)，由其工作人員填寫。您需要填寫 DHS 表格 1465 “同意發布信息”，允許 DHS 發布您關於 SNAP (食品券) 和/或 TANF 的福利信息。然後，DHS 可以使用 DHS 表格 1463 “信息請求”來提供必要的信息。請參閱本資料包的第 14 頁了解更多詳情。
- **來自 DHS 的官方文件，用於驗證您可能已經獲得的 SNAP 和/或 TANF 福利的資格。**
- **2022 年簽署的聯邦所得稅申報表，1040 表 (2 頁)**
刪除所有社會安全號碼。查看資料包中的樣本。
- **社會保障管理局 (SSA) 出具的福利驗證函**，以顯示補充保障收入 (SSI) 資格的證據。這封信有時被稱為“預算信”、“福利信”、“收入證明信”或“發放證明信”。請參閱資料包中的示例。
- **來自公共服務部的寄養證據。**

完成申請。

從任何一所 EOEL 公立幼兒園預備班計劃內的學校獲取申請表副本，或從 [EOEL 公立幼兒園預備班計劃](#) 頁面下載申請表。

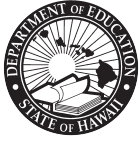
為每份申請附上一個寫好地址、貼有郵票的信封。

向您申請的學校提交一份完整的文件包（包括完整、簽名和註明日期的申請表以及所有必需文件的副本）。等待有關您孩子是否有資格參加該計劃的郵件通知。

**請確保您提交完整、簽名並註明日期的文件包。
不完整的文件包將被退回，必須重新提交完整文件包。**

有疑問？請聯繫離您最近的學校或 EOEL，電話 808-784-5350 或 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

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
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
1j	Add lines 1a through 1h	1j
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	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
8	Other income from Schedule 1, line 10	8
9	Add lines 1j, 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.

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

請記得.....

- 從視圖中刪除所有社會安全號碼。
- 提交已簽署的 2022 年聯邦所得稅申報表，即表格 1040 的所有頁面 (2 頁——如此處所示)
- 僅接受簽署過的 2022 年聯邦所得稅申報表 1040 表 (2 頁)。

在提交給學校的副本上簽名並註明日期

如果是聯合提交，父母雙方/法定監護人必須在此簽名。

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)

有關貧困家庭臨時援助 (TANF) 和補充營養援助計劃 (SNAP) 福利的驗證

SNAP 和/或 TANF 福利形式的財務文件需要包括以下內容：

- 申請表中列出的每位領取此類福利的父母/法定監護人都需要驗證其 SNAP/TANF 福利。

例如：家長 A 和家長 B 都列在 EOEL 公立幼兒園預備班的申請表上。他們兩人都在領取 SNAP 福利。因此，我們需要家長 A 和 B 的 DHS SNAP 文件。

- 驗證應反映當前收益信息（當月收益和未來幾個月的預期收益）。
- 領取福利的所有家庭成員（成人和兒童）的姓名。

可通過以下方式提供財務文件：

- DHS 的官方文件，用於驗證您可能已經獲得的 SNAP 和/或 TANF 福利的資格
- “DHS 1463：個案工作者填寫的“信息請求”表格
- DHS PAIS 系統的打印文件——<https://pais-benefits.dhs.hawaii.gov/>
- 在審核過程中可能會要求提供其他文件。

如果使用“DHS 1463：信息請求”表格，請參見以下步驟：

1. 填寫：**DHS 1465：同意發布信息**”。列出表格所需的信息。
2. 帶著填寫好的 **DHS 1465** 表格和空白的“**DHS 1463：申請信息**”表格供個案工作者填寫
3. 提交填寫好的“**DHS 1463：向學校辦公室索取信息**”表格和其他文件（如果適用的話）。

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

此頁 有意留為空白

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)

此頁 有意留為空白

Sample Online Benefit Verification Letter

Social Security Administration
Benefit Verification Letter

Date: Month D, Year
BNC#: XXXXXXXXXXXXX
REF: A, DI

JOHN Q PUBLIC
6401 SECURITY BLVD
BALTIMORE MD 21235-0001

40201\$\$\$\$\$\$%\$\$\$% THIS IS A DRAFT

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.

Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is \$566.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$566.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on September 30, 1993.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was \$557.10.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$557.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

Income Payments

Security Income payment

to month if income or living

paid the month they are due.

Payments for March are paid in

rules on September 30, 1993.

Payment Information

abled individual.

12, 1966.

edicare beginning March 1996.

edicare beginning March 1996.

R. FOR DEMONSTRATION

ector General's Fraud Hotline at

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:

Social Security Administration

備註：
只有補充保障收入 (SSI) 適
用於優先類別目的。

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.



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

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年齡資格和優先類別

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

對於 2023 - 2024 學年，您孩子的生日必須在 **2018 年 8 月 1 日至 2020 年 7 月 31 日或之間**。

除年齡要求外，優先考慮情況包括下列一項或多項的兒童。請確定您認為適用於您和您孩子情況的優先類別。請注意，有可能需要您提供額外的文件。EOEL 將在審查此申請時考慮此信息和支持文件。

查對所有適用項：

無家可歸或住房不穩定的兒童

年/月家庭總收入等於或低於聯邦貧困線的 300% 的家庭 (請參閱申請包第 3 頁的表格) 或接受貧困家庭臨時援助 (TANF) 和/或補充營養援助計劃 (SNAP) 的家庭。

寄養兒童。

雙語或多語學習的兒童。

由於特殊需要/殘疾 (IDEA-《殘疾人法案》，特殊教育服務) 而被確定需要特殊教育並接受普通教育安置的兒童。

處於危險境地並可能會影響其發展和學習的兒童

請隨時包含您希望在審查此項申請時考慮的其他信息。

所需文件

為了處理您的申請，您必須提供的文件。#1 - 4 是所有申請所必需的。

1. 已完成的 EOEL 申請，帶有家長/法定監護人的簽名。
2. 孩子/申請人的出生證明或護照。
3. 無家可歸或住房不穩定：填寫“確定資格 MV1 的問卷調查”表格 (參見第 11 頁)。
4. 所列每位家長/法定監護人的收入文件 (見第 7 頁)*：2022 年簽署的聯邦所得稅申報表 1040 (兩頁) 或 DHS 驗證文件。
*寄養家長無需提供收入文件。
5. IDEA 服務 (特殊教育) 與專門指導的通識教育安置：請通知學校辦公室，以便他們向 EOEL 提供適當的文件。
6. 寄養：公共服務部的文件。
7. 收養或法定監護：法律文件和可能的附加文件。
8. 其他有風險的情況：需要額外的文件。請聯繫您的學校辦公室。

兒童信息

關於兒童的信息。

申請的學校名稱

孩子的法定姓名

出生日期

性別

您孩子的第一語言是什麼？ _____

在家裡最常說的語言是什麼？ _____

您的孩子最常使用哪種語言？ _____

居住地址 (門牌號和街道)

城市/城鎮、州和郵政編碼

郵寄地址 (如果與居住地址不同)

城市/城鎮、州和郵政編碼

第一家長/法定監護人信息

有關對孩子負責的第一家長/法定監護人的信息。

第一家長/法定監護人的法定姓名		與孩子的關係： <input type="checkbox"/> 家長 <input type="checkbox"/> 監護人 <input type="checkbox"/> 寄養家長 <input type="checkbox"/> 其他：_____
婚姻狀態： <input type="checkbox"/> 單身 <input type="checkbox"/> 已婚 <input type="checkbox"/> 離異 <input type="checkbox"/> 分居 <input type="checkbox"/> 寡居		就業狀態： <input type="checkbox"/> 在職 <input type="checkbox"/> 無業
居住地址（門牌號和街道）		城市/城鎮、州和郵政編碼
郵寄地址（如果與居住地址不同）		城市/城鎮、州和郵政編碼
家庭電話號碼	手機號碼	附加電話號碼
電子郵件地址		

第二家長/法定監護人信息

有關對孩子負責的第二家長/法定監護人的信息。

不適用 (If checked leave this box blank)

第二家長/法定監護人的法定姓名		與孩子的關係： <input type="checkbox"/> 家長 <input type="checkbox"/> 監護人 <input type="checkbox"/> 寄養家長 <input type="checkbox"/> 其他：_____
婚姻狀態： <input type="checkbox"/> 單身 <input type="checkbox"/> 已婚 <input type="checkbox"/> 離異 <input type="checkbox"/> 分居 <input type="checkbox"/> 寡居		就業狀態： <input type="checkbox"/> 在職 <input type="checkbox"/> 無業
居住地址（門牌號和街道）		城市/城鎮、州和郵政編碼
郵寄地址（如果與居住地址不同）		城市/城鎮、州和郵政編碼
家庭電話號碼	手機號碼	附加電話號碼
電子郵件地址	請使用本指南用英文填寫此申請。	

早期啟蒙服務

為出生至 3 歲的幼兒和準媽媽提供

Your 'Ohana 計劃 (家訪)

為出生至 5 歲的幼兒和準媽媽提供 (www.yourohana.org)

我對為我的嬰幼兒和/或我自己提供的早期啟蒙服務感興趣。

備註：早期啟蒙計劃不屬於 EOEL 公立幼兒園預備班計劃的一部分。它由聯邦政府資助的私人機構運營，以負擔得起的價格或免費向家庭提供服務。通過選中/標記上面的方框，我同意與早期啟蒙計劃分享我的聯繫信息。

我對為我的家人、孩子和/或我自己提供的 'Your 'Ohana 計劃感興趣。

備註：Your 'Ohana 計劃不屬於 EOEL 公立幼兒園預備班計劃的一部分。這些計劃由衛生部支持，並且免費提供給家庭。通過選中/標記上面的框，我同意與 Your 'Ohana 程序共享我的聯繫信息。

在這裡簽名 (必填)

請閱讀，然後在您的申請上簽名並註明日期。

我特此證明，據我所知，本申請和支持文件中提供的信息是完整和真實的。我同意根據要求提供額外的信息和文件以完成我的申請。

第一家長/法定監護人的簽名

日期

第二家長/法定監護人的簽名 (如適用)

日期



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

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