



## Executive Office won Mutirin Kaeo (EOEL) Public Prekindergarten Program

# Pakechin Aeoeo

## Ierin Sukun 2023-2024

### Sukun kena ra Fitinong non DOE

Uwanong ew eimunon awasinon pakechin aeoeo ngeni ew me ew sukun en ka kan mochen tonong non.

**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 School 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 • Wahiawā Elementary



Executive Office won Mutirin Kao (EOEL) Public Prekindergarten Program  
**Foforon Ar Naf kena me Porausen Aeoo**  
Ierin Sukun 2023-2024

Kinisou ngonuk ren eom mocheninong on ewe EOEL Public Prekindergarten Program. Kose mochen aneani ewe poraus mi tapweto ren eom kopwe sinei usun an ewe program kewe foforon naf ngeni, fofor kena ren aeooon, me pwan asepen me pwan foforon katonongen non kena.

**Met neiwe semirit a naf ren ei program?**

**Children must be age three or four on or before July 31 of the current school year.** Ren ierin sukun 2023 - 2024, semirit kena ra uputiw won ika nefinen August 1, 2018 - July 31, 2020 ra kan naf ren. Non apach ngeni ewe mochenin awukukun ierir, kose mochen nengeni ekkena neni ren aewin auchea ren asepenong non ewe program won p.3 (Ifa usun an semirit naf ren ewe program?).

**Inet ekkewe aeoo ra tongeni uweirenong?**

Aeoo kena ra kan tongeni uweirenong ngeni ekkewe sukun poputa non March 1, 2023 (June 1, 2023 for NEW DOE Schools). Kose mochen kopwe sinei pwe aeoo kena repwene kan uweirenong non wunuser ren ar repwe ekkiekir ren naf ngeni. Pakech kena rese unuseno repwene aniwinsefanir me pwan repwene uweisefanirenong non wunuser.

**Fita semirit kena ra kan nom non ew me ew classroom?**

Ewe tekianapen nampan chon sukun kena ra tonong non ew me ew class a kan finita seni ewe square fiten ren nenien classroom. Nge ew chok, ew me ew class a kan awukuk ngeni esapw nap seni 20 chon sukun kena. (Saisin class kena epwene siwin ren an epwe fofor ngeni pechakun me pwan mochenin tumun kena ren semirit me pwan chon angang kena a kan feito seni sakkun kena sisemo ekkieki pwe repwe fis. Cheki ren ewe sukun en ka aeoo ngeni ren ekkena minafon porausen.)

Pokiten neni mi kan awukuk, ra kan pesei pwew family kena repwe kan uwanong ewe awasinon wunusen aeoo me pwan taropwe kena repwe awora nupwen mutirin fansoun ra tongeni.

**Efen sukun ngang upwene uwanong ewe aeoo me pwan taropwe kena repwe kawor ngeni?**

Awasano me pwan uwanong ewe aeoo mi pachonong me pwan fiti ekkewe taropwe kena repwe awora ngeni ewe sukun en ka mochen noumuwe semirit epwe kan fiti (nengeni maaketiw ren sukun kena won peich 7-8).

Ew chionon ren nenien esapw kan pwan mochen ren ewe EOEL Public Prekindergarten Program. Nge ew chok, aewin auchea kena repwene kan ngeni semirit kena ir ra kan aeoo ngeni arkewe sukunen nenier kena. Ekkei ra kan ekkewe semirit ir ra nom me non ewe uwowen neni kena seni ewe sukun. Kori ewe sukun a arap ngonuk ren eom kopwe sinei ika eomuwe family a nonom non an ewe sukun we nenien sukunen nenieom.

**Meta ngang upwene uwanong ngeni ewe sukun?**

Ew wunusenon pakech mi pachonong meinisin taropwe kena ra maaketiw won peich 9 (Chekin Maaketiw ren Aeoo). Ew aeoo esapw kan asepeno ika esapw fiti meinisin ekkewe taropwe kena repwe awora. Kose mochen apechanong echo mi pusin addresseno, envelop mi stamp fiti ew me ew pakech.

[Ifa usun an semirit naf ren ewe program?](#)

Non apach ngeni ewe mochenin awukukun ierin, aewin auchea a kan kawor ngeni semirit kena ususus kena a pachenong, nge ese awukuk ngeni, ew ika chomong seni ekkei mi tapweto:

- Semirit kena ir ra kan naf ren **aninin special education kena** me fan ewe annukun Individuals with Disabilities Act (IDEA) me pwan mochen iseisenongen unusen sukun.
- Semirit kena non **tumunun foster**.
- Semirit kena ir ra kan mefinong non an **ese wor imwer** ika **osukosuken imweimwer**.

"Ese wor Imwer" wewen pwe aramas kena ir ese kan wor ew mi forino, iteiten me pwan eochunon fansoun nepwin nenien nonom (me non ewe awewen seni section 42 USCS §11302 (a)(1)) me pwan pachenong:

- **Ese wor nenien tumun:** Ese kan wor ew iteiten neni epwe nom non nepwin me pwan nom non ew campground, chitosa, beach/park, imw ese wor a nom non, an, ika ekkena pwan ekkoch nenien nonom ese eochuno.
- **Nenien tumun:** Nonom non ew atepwanepwanen, asiwinino ika tumunun afeiengawen non imwen.
- **Hotel/Motel:** Nonom non ew hotel ika motel pokiten an ese wor pwan ekkoch imweimw mi fich ngeni, *eimuno* mwochomwochen nenien nonom ren aramas kena seni pekin sonfiu ra witiwit ngeni imweimwer.
- **Aruwowenon:** Nonom non mwochomwochen fansoun fiti family ika pwan ekkoch aramas kena pokiten ren nusunon imweimwen ika pungunon seni weiresinon ren moni.

- Semirit iena ir ra kan **chon kaeo ruwow ika napeno fosun fonu kena**.
- Semirit kena ir ra kan nonomuno **non ngawen sakkun kena** ina epwene angawa ar kaeo me pwan marita.
- Family kena fiti iteitenier/iteiten maram **Unusenapen An Family Monitonong** non ika kukun seni 300% seni ewe Federal Poverty Guidelines IKA ekkena ra angei Temporary Assistance for Needy Families (**TANF**) me/ika Supplemental Nutrition Assistance Program (**SNAP**).

Saisin Family	Tekianapen <u>Unusenapen Monitonong</u> Iteiten Maram*	Tekianapen <u>Unusenapen Monitonong</u> Iteiten Ier*
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% seni Federal Poverty Guidelines (FPG) ren Hawai'i a seni January 2023.

### Ren pakech kena ra angei me mwan June 30, 2023 (July 31, 2023 for NEW DOE Schools)

- Semirit kena ra kan aeoeo ngeni ar sukunen nenier (ina ra nom non ekkewe neni ra uwowno seni ewe sukun) ra kan tonong non ewe tetenin non ikewe aeoeo kena ra kan awasino me pwan meinisin taropwe kena repwe awora ra kan angeir seni ewe sukun.
- Ika pwe neni mi chuen kawor murin June 30<sup>th</sup> (July 31<sup>st</sup> for NEW DOE Schools) ekkena chon sukun esapw ir chon sukunen nenier kena iwe ra kan tonong non ewe tetenin ina pakech kena ra awasino ra angei seni ewe sukun.
- Sukun kena repwene tinawow taropwen asepeno ika pinepineno kena ngeni sam me in kena/chon tumun seni annuk. Taropwen asepeno kena repwene afanefana sam me in/chon tumun seni annuk kena ren ar repwe atononga nour semirit non ewe ofesin sukun. Taropwen tonong kena repwe fori ren sukun repwe kan awasino me pwan uwanong me mwan an ewe semirit we aewin ranin fiti sukun.

### Ren pakech kena ra angei seni July 3, 2023 (August 1, 2023 for NEW DOE Schools)

- Neni kena ra kawor repwene kan amasoweno anongonongeno chok won ewe tetenin ina ekkena aeoeo ra awasino me pwan meinisin taropwe kena repwe awora ra kan angaiir seni ewe sukun. Non pwan ekkoch kapas, seni July 3<sup>rd</sup> (August 1, 2023 for NEW DOE Schools), ese wor no aewin auchean epwene ngeni semirit kena ra aeoeo ngeni sukunen nenier kena.
- Sukun kena repwene tinawow taropwen asepeno ika pinepineno kena ngeni sam me in kena/chon tumun seni annuk usun mi aeoeo ngeni. Taropwen asepeno kena repwene afanefana sam me in/chon tumun seni annuk kena ren ar repwe atononga nour semirit non ewe ofesin sukun. Taropwen tonong kena repwe fori ren sukun repwe kan awasino me pwan uwanong me mwan an ewe semirit we aewin ranin fiti sukun.
- Nupwen neni kena ra kan masoweno, ekkewe nusun chon aeoeo kena repwene isenirenonng won ew maaketiwon witiwit a foror seni ewe sukun a anongonong won ewe tetenin ina ra kan angei ekkewe pakech. Sukun kena repwene tinawow taropwe kena ngeni sam me in/chon tumun seni annuk kena ar repwe asinei ngenir ren ususun ewe maaketiwon witiwit.

### Ika pwe emon semirit a kan asepenong non ewe program, meta an ewe sukun ateten kena?

Ewe tetenin EOEL Public Prekindergarten Program Classroom a kan anongonong wo an ewe DOE we atetenin sukun non ewe ier, ateteningeni ewe kindergarten tetenin unusen ran. Iteiten, chomong ranin sukun kena ra kan poputa non 8:00 am me pwan sopweno arapakan 2:00 pm. Ren chomong wenewenen fansoun kena, kose mochen kori ewe sukun en ka kan aeoeo ngeni. Ren ew maaketiwon ren chon kokori kena nengeni peich 7-8 (EOEL Public Prekindergarten Program DOE Sukun kena).

### Meta usun tumunun mwan me pwan murin sukun?

Non ei attun, chon sukun kena non ewe EOEL Public Prekindergarten Program rese kan naf ren tumunun mwan ika murin sukun ina ra kan kawor ren chon sukunen DOE non K-5/6.

### Meta usun noun DOE chon sukun wawan bus?

Non ei attun, chon sukun kena non ewe EOEL Public Prekindergarten Program rese kan naf ren waan chon sukun bus ina ra kan kawor ren chon sukunen DOE non K-5/6.

## Met mi wor pwan ekkoch program kena me nukun EOEL Public Pre-K Program?

### EARLY HEAD START & HEAD START

Early Head Start (EHS) me Head Start (HS) ir program kena ra kan awora safei, sukun, aninisin family me pwan aninisin oforinongen family kena me pwan nenien angei aninis kena ngeni semirit kena ra naf pokiten ren monitonong. Angangen aninis kena ra kawor iteiten ran non classrooms kena (esopw ran ika unusen ran) ika senin non churin non imw kena iteiten wik.

EHS a kan anisi fefin kena ir mi popo, menukon me kukun semirit kena me pwan ar family kena. HS a kan anisi semirit no preschool me pwan ar family kena.

Programin esopw ran kena (8am-2pm) ra kan katowow nge esapw wor momon ngeni family kena, me pwan programin unusen ran kena ra kan awora non wukukun kena ra tongeni moni. Semirit kena fiti konon mochenir kena, me pwan semirit kena ir ra nom non tumunun foster system ika ir ra kan nonom non usokosuken an ese wor imwer ra kan ngenir aewin auchean non ekkewe EHS/HS programs.

Ren chomong poraus usun Head Start me pwan pachenong porausen kokori, ren program kena, kose mochen kopwe no ngeni ewe

[Hawai'i Head Start Collaboration Office peich](#) won ewe EOEL website.

### EOMKEWE 'OHANA Programs

Eomkewe 'Ohana programs ra kan churiin non imw program kena ra awora aninis ngenuk me pwan eom family fiti safei, amaritan semirit, me pwan amoneta ngeni sukun. Kaeo ifa usun eom kopwe amweni an eom family we pechakun me pwan awora eochunon attun fansoun kena ren noum semirit seni non iteiten churi kena fiti emon chon angang a kaeo usun ekkena.

Eomkewe 'Ohana programs ra kan anisi fefin ir mi popo, keiki seni peich 0-5, me pwan ar family kena.

Eomkewe 'Ohana programs ra kan anisi family kena ra kan nonom non ekkewe nenien ZIP code mi tapweto. [Tichikin mapen nenien aninis kena](#) ra kan kawor online ren O'ahu, Hawai'i Island, Maui County, me pwan Kaua'i.

Island	Zip Coden Neni kena (neni kena mi esopw chok pwonupwonun ra kan asisinino non italics kena).
Oahu	<ul style="list-style-type: none"><li>• <b>Downtown/Kalihi:</b> 96817, 96819</li><li>• <b>Wahiawa:</b> 96786, 96789, <b>96857</b></li><li>• <b>Wai'anae:</b> <b>96792</b></li></ul>
Maui	<ul style="list-style-type: none"><li>• <b>96732, 96753, 96779, 96793</b></li></ul>
Hawai'i Island	<ul style="list-style-type: none"><li>• <b>E. Hawaii:</b> 96710, <b>96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785</b></li><li>• <b>W. Hawaii:</b> 96704, <b>96725, 96726, 96740, 96750</b></li></ul>
Kaua'i	<ul style="list-style-type: none"><li>• 96705, <b>96741, 96756, 96765</b></li></ul>
Molokai	<ul style="list-style-type: none"><li>• <b>96729, 96748, 96757, 96770</b></li></ul>
Lāna'i	<ul style="list-style-type: none"><li>• <b>96763</b></li></ul>

Meinisin program kena ra katowow seni non Eomuwe 'Ohana ra kan katowow nge esapw wor momor ngeni family kena me pwan ran kan voluntary. Ren chomong poraus usun Eomuwe 'Ohana, me pwan pachenong nenien kokori me porausen naf ngeni, kopwe no ngeni ewe [Eomuwe 'Ohana](#) website me pwan click "[Enroll Today.](#)"

En ka kan pwan tongeni kuuna poraus usun pwan ekkoch [kukun tori ese wor momon mutirin maritan attun semirit me pwan programin kaeo kena](#) won ewe EOEL website.

**EI PEICH A KAN PUSIN  
NIKITANO PWE ESAPW  
MASOW**

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

<b>Island</b>	<b>Sukan</b>	<b>Fon</b>	<b>Principal</b>
Hawai'i	Waimea Elementary	808-887-7636	Tammie Picklesimer
Kaua'i	Kīlauea 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	Sukun	Fon	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
	Pāhoā 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	



# Chekin Maaketiwen Aeoeo

ren Sam me In/Chon Tumun Seni Annuk kena (Ierin Sukun 2023-2024)

\_\_\_\_\_ **Kuuta ifa usun eom kopwe aeoeo ngeni.**

Angei echo kapiin ren ewe Pakechin Aeoeo seni ekkena ew seni ewe EOEL Public Prekindergarten Program sukun kena ikar download echo application seni ewe [EOEL Public Pre-K Program](#) peich.

\_\_\_\_\_ **Kuutawow ika pwe en ka aeoeo ngeni eomuwe sukun non nenieom ika kose.**

Kori ewe sukun ren eom kopwe kuuta ika en kan nonom non ewe nenien Sukunen Nenieom (me non ewe nenien uwowen ren ewe sukun kena). Ika pwe en ka kan, iwe eis meta ekkena taropwe ra kan asepenir ren pwaratan ren nenien nonom. Fori echo kapiin ren echo me echo taropwe.

\_\_\_\_\_ **Fori echo kapiin ONE (1) ren ekkewe taropwen afaten ierin kena ra maaketiwi me fan:**

- **Birth Certificate**, kapiin seni ofes a kan katowow seni State Department of Health (taropwen pioin kena me pwan ekkiek kena rese kan asepeno)
- IKA **Passport**

\_\_\_\_\_ **Awasano me pwan apachanong taropwen "Kapaseisin ren ar repwe Finata Nafen MV1" (nengeni p. 11).**

\_\_\_\_\_ **Fori echo kapiin ren esapw kis seni EW (1) seni ekkewe taropwen afaten mi tapweto ra maaketiwi me fan ren emon me emon sam me in/chon tumun seni annuk. Kose mochen kopwe sinei pwe family kena ra aeoeo ngeni ewe EOEL Public Prekindergarten Program repwene kan fofori ar repwe uwanong taropwen moni ren emon me emon sam me in/chon tumun seni annuk a maaketiwi won ewe aeoeo.**

- **Department of Human Services (DHS) Taropwew 1463 (Tungor ren Poraus) – Verification of Supplemental Nutrition Assistance Program (SNAP) me/ika aninisin Temporary Assistance for Needy Families (TANF) kena.** Angei ei taropwe ngeni Department of Human Services (DHS) ren an epwe awasano seni nour chon angang. En kopwene mochen eom kopwe awasano DHS Taropwe 1465 "Amumutan Katowowun poraus" ngeni DHS mumuta ren an epwe atowowu porausen eom aninis usun SNAP (food stamps) me/ika TANF. DHS iwe a kan tongeni awora ewe fichin poraus a eaea DHS Taropwe 1463 "Tungor ren Poraus". Kose mochen atotono ngeni peich 14 non ei pakech ren napenon tichikin kena.
- **Taropwen ofes seni DHS a afatano nafen ren SNAP me/ika aninisin TANF** ina meni en ka kan fen angei.
- **2022 Signed Federal Income Tax Return, Taropwe 1040 (2 peich kena)**  
*Amwakutawow meinis nampān social security kena.* Nengeni awewe kena non ewe pakech.
- **Taropwen Afaten Aninis** seni Social Security Administration (SSA) ren an epwe pwarano pwaratan ren nafen ngeni Supplemental Security Income (SSI). Ei taropwe a kan fan ekkoch aiita ngeni echo "taropwen budget," echo "taropwen aninis kena," echo "taropwen pwaratan ren monitonong," ika echo "taropwen pwaratan ren awinin." Nengeni awewen non ewe pakech.
- **Pwaratan ren Tumunun Foster** seni Department of Human Services.

\_\_\_\_\_ **Awasanon ewe aeoeo.**

Angei echo kapiin ren ewe aeoeo seni ekkena ew seni ewe EOEL Public Pre-kindergarten Program sukun kena ikar download echo application seni ewe [EOEL Public Pre-K Program](#) peich.

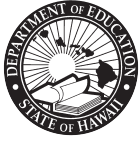
\_\_\_\_\_ **Apachanong echo pusin addresseno, stamped envelope ren echo me echo aeoeo.**

\_\_\_\_\_ **Uwanong ew unusen awasinon pakech (ina mi pachenong echo unusen awasinon, signed me pwan ranin aeoeo me pwan kapii kena ren meinis taropwe kena repwe awora), ngeni ewe sukun ikewe en ka kan aeoeo ngeni. Witiwit ren arongorong seni taropwen posto usun anoumuwe semirit we naf ren ewe program.**

**Kose mochen tumunu pwe en ka uwanong echo unusen awasino, signed me pwan ranini ewe pakech. Pakech kena rese unuseno repwene aniwinsfanir me pwan repwene uweisfanirenon non wunuser.**

**KAPASEIS KENA?** Kori eomuwe sukun mi arap ngonuk ika EOEL non 808-784-5350 ika EOEL.Info@eoel.hawaii.gov.

**EI PEICH A KAN PUSIN  
NIKITANO PWE ESAPW  
MASOW**



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

**EI PEICH A KAN PUSIN  
NIKITANO PWE ESAPW  
MASOW**

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

If more than four dependents, see instructions and check here:

**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 26	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	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 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9
10	Adjustments to income from Schedule 1, line 26	10
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11
12	<b>Standard deduction or itemized deductions</b> (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 <b>taxable income</b>	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)

**CHECHEMENI PWE KOPWE...**

- Amokutawow MEINISIN nampan social security seni ar repwe kuuna.
- Uwanong MEINISIN peich kena seni ewe signed **2022 Federal Income Tax Return, Taropwe 1040** (2 peich kena – usun a pwano ikei)
- Ewe chon **2022 Signed Federal Income Tax Return, Taropwe 1040** (2 peich kena) epwene asepeno.

**Saini me ranini ewe kapii a uwanong ngeni ewe sukun**

Ika pwe auwa file fengen, iwe me ruwomen sam me in/chon tumun seni annuk repwe sain ikei.

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 <b>total tax</b>	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 <b>total other payments and refundable credits</b>	32
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	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 <b>refunded to you</b> . 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 <b>applied to your 2023 estimated tax</b>	36
37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> 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 \_\_\_\_\_

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](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2022)

## **Afatenon ren aninisin Temporary Assistance for Needy Families (TANF) & aninisin Supplemental Nutrition Assistance Program (SNAP) Benefits kena.**

Taropwen moni non ewe taropwen aninisin SNAP me/ika TANF kena repwene mochen apachanong ekkei mi tapweto:

- Afatenon ren aninisin SNAP/TANF kena epwene kawor ren **emon me emon sam me in/chon tumun seni annuk mi maaketiw won ewe aeoeo iona a kan angei ekkena aninis.**

Awewe: Sam me In A me pwan Sam me In B ra kan me ruwome maaketiw won ewe EOEL Public Prekindergarten Application. Ir me ruwome ra kan angei aninisin SNAP kena. Ina popun, kich sipwene mochen taropwen DHS SNAP ren ir me ruwome Sam me In A & B.

- Afatenon epwe kan pwarano porausen aninis non ei attun (aninisin non maram iei me pwan aninis kena ra ekkieki ren maram kena mwach kaan).
- Iten MEINISIN chon non Imwom kewe (aramas nap kena me pwan semirit) ra kan angei aninis kena.

Taropwen moni epwene kan kawor seni non ekkewe sakkun mi tapweto:

- Taropwen ofes seni DHS a afatano nafen ren SNAP me/ika aninisin TANF ina meni en ka kan fen angei.
- "DHS 1463: Tungor ren Poraus" taropwe a amasoweno seni caseworker
- Kapiwowun seni ewe DHS PAIS system - <https://pais-benefits.dhs.hawaii.gov/>
- Apachenongen taropwe epwene kan tungoreno nupwen ewe foforon chekin.

Ika pwe ka eaea ewe "DHS 1463: Tungor ren Poraus" taropwe, nengeni ekkewe tetenin fofor me fan:

1. Amasowawow "**DHS 1465**: Amumutan ngeni Katowowun Poraus". Maaketiw poraus ka mochen won taropwe.
2. Churi eomuwe DHS nenien foforon uwanong ewe amasowow **DHS 1465** taropwe me pwan ewe ese masow "**DHS 1463**: Tungor ren Poraus" taropwe ren an caseworker epwe amasowawow
3. Uwanong amasowawowun "**DHS 1463**: Tungor ren Poraus" taropwe me pwan apachenongen taropwe (ika mi aeoeo ngeni) ngeni ewe Ofesin Sukun.

**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

**EI PEICH A KAN PUSIN  
NIKITANO PWE ESAPW  
MASOW**



### 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)

**EI PEICH A KAN PUSIN  
NIKITANO PWE ESAPW  
MASOW**

# Sample Online Benefit Verification Letter

**Social Security Administration  
Benefit Verification Letter**

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

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

JOHN Q PUBLIC  
6401 SECURITY BLVD  
BALTIMORE MD 21235-0001

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**

Monthly Security Income payment

paid the month they are due.

Payments for March are paid in

rules on September 30, 1993.

**Payment Information**

abled individual.

12, 1966.

Medicare beginning March 1996.

Medicare beginning March 1996.

R. FOR DEMONSTRATION

Director General's Fraud Hotline at

alsecurity.gov on the Internet to find  
you 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:

**Maakeitiw:  
Ewe chok Supplemental Security  
Income (SSI) a kan aeoeo ngeni  
ren aewin auchean tetenin  
popun kena.**

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

**EI PEICH A KAN PUSIN  
NIKITANO PWE ESAPW  
MASOW**



**Executive Office on Early Learning (EOEL)**  
**Public Prekindergarten Program Application**  
*ren Ierin Sukun 2023 – 2024 (c)*

**Kose mochen kopwe eaea ei awenewen ren eom kopwe awasano ei taropwen aeoeo non kapasen Merika.**

**IERIN NAFEN & AEWIN AUCHEAN TETENIN KENA**

**Your child must be three or four years old on or before July 31 of the current school year.**  
 Ren ierin sukun 2023 - 2024, an noumuwe semirit we ranin uputiw epwe kan toti w **won ika nefinen August 1, 2018 - July 31, 2020**

**Non apach ngeni ewe mochenin awukukun ierin, aewin auchea a kan ngeni semirit kena ususur kena a pachenong, ew ika chomong seni ekkei mi tapweto ra maaketiw me fan. Kose mochen aitata ekkewe aewin auchean tetenin kena ina en ka nuku ra aeoeo ngonuk me pwan ususun noum semirit we. Kose mochen sinei pwe apachenongen taropwe meni repwene kan pwan mochen. EOEL epwene ekkieki ei poraus me pwan aninisin taropwe nupwen ar cheki ei aeoeo.**

**Cheki meinisin ekkena ra aeoeo ngeni:**

- Semirit kena ir ra kan mefinong non an **ese wor imwer** ika **osukosuken imweimwer**.
- Families kena fiti iteiten ier/iteiten maram **Unusenapen An Family Monitonong** non ika kukun seni 300% seni ewe Federal Poverty Guidelines (nengeni chepen won peich 3 seni pakechin aeoeo) IKA ir ra angei Temporary Assistance for Needy Families (**TANF**) me/ika Supplemental Nutrition Assistance Program (**SNAP**).
- Semirit kena non **tumunun foster**.
- Semirit iena ir ra kan **chon kao ruwow ika napeno fosun fonu kena**.
- Semirit kena ir ra kan fen aitata pwe repwene angei konon asukunur pokiten ren konon mochenir/terir (**IDEA-Individuals with Disabilities Act**, Aninisin Special Education kena) fiti unusen iseisenongen non sukun.
- Semirit kena ir ra kan nonomuno **non ngawen sakkun kena** ina epwene angawa ar kao me pwan kao.

**Kose mochen kosapw mefin eom kopwe apachanong pwan ekkoch poraus kena en ka mochen ekkieki nupwen ei aeoeo a kan chekeno.**

**TAROPWE KENA REPWE KAWOR**

Taropwe kena ina en kopwene awora ren ar repwe tongeni fofori eomuwe aeoeo. **#1 – 4 repwene mochen ren MEINISIN aeoeo kena.**

1. Unusenon awasinon aeoeon EOEL fiti sainin seni **sam me in/chon tumun seni annuk kena**.
2. Noun semirit/aeoeo we **birth certificate ika passport**.
3. **Ese wor imwer ika imweimw ese tumun:** awasano “Kapaseis ren ar repwe Finata Nafen MV1” taromwe (nengeni p. 11).
4. **Taropwen monitonong ren emon me emon sam me in/chon tumun seni annuk ra maaketiw (nengeni p. 9)\*:** 2022 Signed Federal Income Tax Return Taropwe 1040 (ruwacho peich kena) IKA DHS Taropwen Afateno.  
 \*Foster sam me in kena resapw kan pwan fofori ar repwe awora taropwen ar monitonong.
5. **IDEA aninis kena (special education) fiti ew unusenapen isenanongen non sukun** ren konon asukunen: Kose mochen asinei ngeni ofesin sukun pwe repwe kan awora EOEL fiti fichin taropwen kena.
6. **Tumunun Foster:** taropwen seni Department of Human Services.
7. **Moumou ika tumunun seni annuk:** taropwen annuk kena me pwan meni pwan apachenongen taropwe kena.
8. **Pwan ekkoch non ngawen sakkun kena:** apachenongen taropwe kena repwene kan fofori. Kose mochen kori an eom sukun we ofes.

**Porausen Semirit**  
 Poraus usun ewe SEMIRIT.

Iten ewe SUKUN ka aeoeo ngeni		
Iten ewe semirit seni annuk	Ranin uputiw	En emon mwan ika fefin
Meta an noumuwe semirit we <b>fosun fonu a aewin angei?</b> _____		
Meta ewe <b>fosun fonu a napeno kapasen iteiten</b> non imwen? _____		
Met fosun fonu a kan <b>napeno eaeon iteiten</b> seni noumuwe semirit? _____		
Addressin imwom (nampa me an)	City/town, state, me ZIP code	
Addressin taropwen posto (ika mi kono seni addressin imwen)	City/town, state, me ZIP code	

## Porausen Aewin Sam me In/Chon Tumun Seni Annuk

Poraus usun ewe aewin sam me in/chon tumun seni annuk a kan tumunu ewe semirit.

Iten aewin sam me in/chon tumun seni annuk	Mararin ngeni semirit: <input type="checkbox"/> Sam me In <input type="checkbox"/> Chon Tumun <input type="checkbox"/> Foster <input type="checkbox"/> Pwan Ekkoch: _____
Ususun an pupunu: <input type="checkbox"/> Nipich <input type="checkbox"/> Pupunu <input type="checkbox"/> Mowno <input type="checkbox"/> Eimuno <input type="checkbox"/> A Mano Punuwen	Ususun an Angang: <input type="checkbox"/> Mi Angang <input type="checkbox"/> Ese Angang
Addressin imwom (nampa me an)	City/town, state, me ZIP code
Addressin taropwen posto (ika mi kono seni addressin imwen)	City/town, state, me ZIP code
Nampan Fonen Imwomw:	Nampan Cell fon
Apachenongen nampan fon	
Email address	

## Porausen Aruwemanen Sam me In/Chon Tumun Seni Annuk

**Ese kan aeoeo ngeni**  
(If checked leave box blank)

Poraus usun ewe aruwemanen sam me in/chon tumun seni annuk a kan tumunu ewe semirit.

Iten aruomanen sam me in/chon tumun seni annuk	Mararin ngeni semirit: <input type="checkbox"/> Sam me In <input type="checkbox"/> Chon Tumun <input type="checkbox"/> Foster <input type="checkbox"/> Pwan Ekkoch: _____
Ususun an pupunu: <input type="checkbox"/> Nipich <input type="checkbox"/> Pupunu <input type="checkbox"/> Mowno <input type="checkbox"/> Eimuno <input type="checkbox"/> A Mano Punuwen	Ususun an Angang: <input type="checkbox"/> A Angang <input type="checkbox"/> Ese Angang
Addressin imwom (nampa me an)	City/town, state, me ZIP code
Addressin taropwen posto (ika mi kono seni addressin imwen)	City/town, state, me ZIP code
Nampan Fonen Imwomw	Nampan Cell fon
Apachenongen nampan fon	
<b>Kose mochen kopwe eaea ei awenewen ren eom kopwe awasano ei taropwen aeoeo non kapasen Merika.</b>	
Email address	

### Aninisin Early Head Start

ren Seni Uputiw tori 3 lerir me pwan In kena Repwene Nounou

### Eomkewe 'Ohana Programs (Churiin Non Imwom)

ren Seni Uputiw tori 5 lerir me pwan In kena Repwene Nounou  
([www.yourohana.org](http://www.yourohana.org))

**Ngang mi mochen ren aninisin Early Head Start kena ren nei menukon/kukun semirit me/ika pusin ngang.**

Maakeitiw: Early Head Start ESE KAN pekin ren ewe EOEL Public Pre-K Program. Ika pwe a kan foruwow seni ekkena an aramas ofes a wor monien seni muunap non momo kena ra tufich moni ika non ika ese wor momon ngeni family kena. Seni chekin/maakei ewe bwor me asan, ngang uwa tipeew ngeni eaeafengenin ai porausen koko fiti Early Head Start.

**Ngang mi mochenino non Eomkewe 'Ohana Programs ren ai family, keiki, me/ika pusin ngang.**

Maakeitiw: Eomkewe 'Ohana programs RESE KAN pekin ren ewe EOEL Public Pre-K Program. Ekkei programs ra kan aninisin seni ewe Department of Health me ra pwan kawor non an ese wor momon ngeni family kena. Seni chekin/maakei ewe bwor me asan, ngang uwa tipeew ngeni eaeafengenin ai porausen koko fiti Eomkewe 'Ohana programs.

## SAINI IKEI (kopwe fori)

Kose mochen aneani, iwe **SAINI** me pwan ranini eomuwe aeoeo.

Ngang iei uwa kan afatano pwe ewe poraus uwa awora non ei aeoeo me pwan non ekkewe aninisin taropwen kena a kan unus me wasino me pwan pung ngeni eochun ai sinei. Ngang uwa tipeew ngeni ai upwe awora apachenongen poraus me pwan taropwe nupwen ra tungor ren ar repwe awasano ai we aeoeo.

**An ewe aewin sam me in/chon tumun seni annuk we sainin**

Ranin

**An ewe aruwemanen sam me in/chon tumun seni annuk we sainin (ika mi aeoeo ngeni)**

Ranin



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

## 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