



Ka Papahana Kula Kamali'i Aupuni o ke  
Ke'ena Ho'okō no ke A'o Mua (EOEL)

# Ka Pū'olo Palapala Noi Komo

## Makahiki Kula 2023-2024

### Nā Kula DOE

E waiho i ka pū'olo palapala noi komo piha pono i kēlā a me kēia kula āu e hoihoi nei.

**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 • Wahīawā Elementary



**Ka Papahana Kula Kamali'i Aupuni o ke Ke'ena Ho'okō no ke A'o Mua (EOEL)  
Nā Koina Kūpono a me Ka 'Ikepili Palapala Noi Komo  
Makahiki Kula 2023-2024**

Mahalo kou hoihoi i ka Papahana Kula Kamali'i Aupuni EOEL. E heluhelu i ka 'ikepili o lalo nei i mea e 'ike ai i nā koina kūpono o ka papahana, nā koina palapala noi komo, ka ho'āpono a me ka hana ho'opa'a inoa.

**Kūpono ka'u keiki no kēia papahana?**

**Children must be age three or four on or before July 31 of the current school year.** No ka makahiki kula 2023 - 2024, kūpono nā keiki i hānau 'ia ma waena o 1 'Aukake 2018 – 31 Iulai 2020. Ma waho aku o ke koina kūlana makahiki, e nānā i nā makakoho 'āpono no ia papahana ma ka 'ao'ao 3 (Pehea e kūpono ai nā keiki no ia papahana?).

**Āhea e waiho ai i nā palapala noi?**

E ho'omaka ana ma 1 Malaki 2023 (June 1, 2023 for NEW DOE Schools), hiki ke waiho 'ia nā palapala noi komo i nā kula. E ho'omaopopo, e waiho 'ia nā palapala noi komo me ka piha pono no ka holo pono 'ana o ka hana ho'āpono. E ho'ihō'i 'ia ana nō nā pū'olo palapala hapapū, a pono e waiho hou me ka piha pono .

**'Ehia haumāna o kēlā a me kēia lumi papa?**

Ho'oholo 'ia ka nui haumāna o kēlā a me kēia papa ma muli o nā kapua'i kua o ka lumi papa. Eia na'e, kaupalena 'ia kēlā a me kēia papa he 20 haumāna. (Inā kupu mai kekahi mea, e ho'ololi 'ia paha ka nui o nā haumāna o ka papa i mea e mālama ai i ke olakino a me ka palekana o nā keiki a me nā limahana. E ho'ōia me ke kula āu e noi komo ana no ka nūhou.)

'Oiai kaupalena 'ia ka nui o nā haumāna, paipai 'ia nā 'ohana e waiho koke i nā palapala noi komo piha pono a me nā palapala koina.

**Ma ke kula hea au e waiho ai i ka palapala noi komo a me nā palapala koina?**

E ho'opiha a e waiho i kēia palapala noi komo a me nā palapala koina kekahi i ke kula koho mua a kāu keiki e komo ai (e nānā i ka papa inoa o nā kula ma ka 'ao'ao 7-8).

'A'ole koi 'ia ke kū'ē lula māhele 'āina no ka Papahana Kula Kamali'i Aupuni EOEL. Eia na'e, 'o ka makakoho nā keiki e noi komo nei i ko lākou kula kaiaulu. 'O ia nā keiki e noho nei ma loko o ka māhele 'āina o ke kula. E kūka'i me ke kula kokoke iā 'oe no ka 'ike 'ana i ka noho paha 'a'ole paha o kou 'ohana ma ka māhele 'āina o ke kula.

**He aha ka'u e waiho ai i ke kula?**

Piha pono ka pū'olo palapala noi komo me nā palapala koina a pau i helu 'ia ma ka 'ao'ao 9 (Papa Hō'ōia Palapala Noi Komo). E hō'ole 'ia ana nā palapala noi komo me ka loa'a 'ole o nā palapala koina a pau. E 'olu'olu, e waiho pū i wahī leka me kou helu wahi a me ke po'oleka me kēlā a me kēia pū'olo.

Pehea e kūpono ai nā keiki no ia papahana?

I loko nō o ke koina kūlana makahiki, ‘o ka makakoho nā keiki i kū i kekahi o kēia mau kulana o lalo a me nā kūlana ‘ē a’e paha:

- ‘O nā keiki kūpono no **nā lawelawe ho’ona’auao haumāna kīnānā** ma lalo o ke Kānāwai Ho’ona’auao Kanaka Kīnānā (IDEA) a koi ‘ia ka noho ‘ana ma ka papa ma’amaui.
- ‘O nā keiki o **ka papahana hānai**.
- ‘O nā keiki **home ‘ole a noho pa’a ‘ole paha**.

‘O ka mana’o o “Home ‘ole” ka po’e nele i ka hale ‘ole e noho ai ma ka pō ma kekahi ‘ano pa’a, ma’amaui, a kūpono (i loko nō o ka mana’o ma ka paukū 42 USCS §11302(a)(1)) a penei nā ‘ano:

- **‘A’ohe Wahi Ho’omalū** : ‘A’ohe wahi pa’a e noho ai ma ka pō no laila ‘o kahi noho ke kahua ho’omoana, ke ka’a, kahakai/ka pāka, kahi hale hakahaka, ke alanui, a i ‘ole kekahi wahi kūpono ‘ole e noho ai.
- **Kahi Ho’omalū** : ‘O kahi noho ka hale ho’omalū pōulua, kūikawā a haunaele kūloko.
- **Ka Hōkele/Mōkele**: ‘O kahi noho ka hōkele a mōkele paha ma muli o ka loa’a ‘ole o kekahi hale kūpono, *koē* ka hale noho kūikawā o ka po’e pū’ali koa e kali ana i hale.
- **Ka Noho Pupupu**: E noho kūikawā ana me ka ‘ohana a i ‘ole kekahi kanaka ‘ē a’e ma muli o ka lilo hale ‘ana a pōpilikia paha.

- ‘O nā keiki **‘ōlelo pālūa a lau’ōlelo paha**.
- ‘O nā keiki ma **nā pō’aiapili maka’u** ‘oiai he pilikia paha ma luna o ko lākou ho’ona’auao a ho’omohala ‘ana.
- ‘O nā ‘ohana me ka makahiki/mahina **o ka Huina Loa’a ‘Ohana** he 300% a emi mai paha o Nā Kuhikuhi ‘Ilihune Pekelala A I ‘OLE ka po’e e lawe nei i ke Kāko’o Kū Manawa no nā ‘Ohana Nele (TANF) a/a i ‘ole ka Papahana Kāko’o Kūlana ‘Aiaola Kaulele (SNAP).

Ka Nui o ka ‘Ohana	Ka Palena Nui o ka Huina Loa’a Mahina*	Ka Palena Nui o ka Huina Loa’a Makahiki*
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

\*He 300% o ke Kuhikuhi ‘Ilihune Pekelala no Hawai’i mai Ianuali 2023.

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

- Ho'opa'a 'ia nā keiki e noi nei i ko lākou kula kaiāulu (nā keiki e noho nei ma loko o ka māhele 'āina o ia kula) ma ke ka'ina i waiho 'ia ai nā palapala noi komo piha pono me nā palapala koina i ke kula.
- If space is still available after June 30th (July 31st for NEW DOE Schools), ho'opa'a 'ia nā keiki e noho 'ole nei ma ka māhele 'āina o ke kula ma ke ka'ina i waiho 'ia ai ka pū'olo palapala noi komo i ke kula.
- E ho'ouna ke kula i ka leka 'āpono a i 'ole hō'ole i nā mākuā/kahu ho'ohiki. E kuhikuhi ana ka leka 'āpono i nā mākuā/kahu ho'ohiki e kāinoa i ke keiki ma ke ke'ena kula. E ho'opiha pono a e waiho i nā palapala kāinoa koina ma mua o ka lā mua o ke keiki e hō'ea ai i ke kula.

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

- Ho'opiha 'ia nā noho ka'awale ma o ke ka'ina i loa'a mai nā palapala noi komo piha pono a me nā palapala koina a pau i ke kula. In other words, from July 3rd (August 1, 2023 for NEW DOE Schools), there is no priority given to children applying to home schools.
- E ho'ouna ana ke kula i ka leka 'āpono a i 'ole hō'ole i nā mākuā/kahu ho'ohiki. E kuhikuhi ana ka leka 'āpono i nā mākuā/kahu ho'ohiki e kāinoa i kāna keiki ma ke ke'ena kula. E ho'opiha pono a e waiho i nā palapala kāinoa koina ma mua o ka lā mua o ke keiki e hō'ea ai i ke kula.
- Ke piha ka papahana, e kau 'ia ana nā mea noi i koe ma kekahi papa inoa kakali o ke kula ma ke ka'ina o nā palapala noi i loa'a mai. E ho'ouna ana ke kula i leka i nā mākuā/kahu ho'ohiki inā kau 'ia ke keiki ma ka papa inoa kakali.

Inā 'āpono 'ia ka'u keiki i ka papahana, he aha ka papamanawa kula?

Hahai ka papamanawa lumi papa o ka Papahana Kula Kamali'i Aupuni EOEL i ka papamanawa o ka makahiki kula DOE, e like ho'i me ka papamanawa lā piha o ka papa mālaa'o. 'O ka ma'amau, ho'omaka ka lā kula ma ka hola 8:00 am a pau ma kahi o ka hola 2:00 pm. No nā hola kiko'i, e kūka'i me ke kula āu e noi komo nei. No ka papa inoa o nā mea ka'a launa, e nānā i ka 'ao'ao 7-8 (Nā Kula DOE Papahana Kula Kamali'i Aupuni ).

Pehea ka papahana mālama keiki hiki mua a muli kula?

I kēia manawa, 'a'ole kūpono nā kamali'i o ka Papahana Kula Kamali'i Aupuni EOEL no nā papahana mālama keiki hiki mua a muli kula i mālama 'ia no nā haumāna DOE papa M-5/6.

Pehea ke kau 'ana ma ke ka'a 'ōhua DOE?

I kēia manawa, 'a'ole kūpono nā kamali'i o ka Papahana Kula Kamali'i Aupuni EOEL no ke kau 'ana ma ke ka'a 'ōhua haumāna DOE papa M-5/6.

## He mau papahana ‘ē a’e paha ma kahi o ka Papahana Kula Kamali’i Aupuni EOEL?

### KA PAPAHAHA KĀKO’O KAMALI’I & KA PAPAHAHA HO’OMĀKAUKAU KAMALI’I

He mau papahana ka Papahana Kāko’o Kamali’i a me ka Papahana Ho’omākaukau Kamali’i e ho’olako ai i nā keiki kū i ka loa’a kālā kūpono me nā lawelawe no ke olakino, ka ho’ona’auao, ke kākō’o ‘ohana, a me nā kumu waiwai. Mālama ‘ia ka papahana i kēlā lā kēia lā ma nā lumi papa (hapa lā a lā holo’oko’a paha) a i ‘ole ma o ke kipa home ma kēlā pule kēia pule.

Kāko’o ka Papahana Kāko’o Kamali’i (EHS) i nā wāhine hāpai, nā pēpē, nā kamali’i, a me ka ‘ohana o lākou. Kāko’o ka Papahana Ho’omākaukau Kamali’i (HS) i nā keiki kula kamali’i a me ka ‘ohana o lākou.

Mālama ‘ia nā papahana hapa lā (8am-2pm) me ka manuahi no nā ‘ohana, a no nā papahana lā holo’oko’a i mālama ‘ia, he uku makepono. ‘O nā keiki kīnānā a me nā keiki hānai a home ‘ole paha nā makakoho no ke komo ‘ana i nā Papahana Kāko’o Kamali’i/Ho’omākaukau Kamali’i.

No ka ‘ikepili hou aku e pili ana i ka Papahana Ho’omākaukau Kamali’i a me nā mea ka’a launa, no nā papahana, e kipa i ka

[paena pūnaeweke o Hawai’i Head Start Collaboration Office](#) ma ke kaha pūnaeweke EOEL.

### Ka Papahana ‘o YOUR ‘OHANA

He papahana kipa home ‘o Your ‘Ohana no ke kākō’o ‘ana iā ‘oe a me kou ‘ohana i ke olakino, ka ho’omohala kamali’i, a me ka ho’omākaukau ‘ana no ke kula. Ma o ke kipa mau ‘ana o kekahi loa, e a’o pehea e alaka’i ai i ke ola pono o kou ‘ohana a me ka ho’olako ‘ana i nā mea kūpono no kāu mau keiki.

Kāko’o ka papahana ‘o Your ‘Ohana i nā wāhine hāpai, nā keiki makahiki 0-5, a me ka ‘ohana o lākou.

Kāko’o ka papahana ‘o Your ‘Ohana i nā ‘ohana e noho ana ma kēia mau helu kuhi. Aianā [palapala ‘āina piha pono o nā wahi kūpono](#) ma ka pūnaeweke no O’ahu, Hawai’i, ke Kalana o Maui, a me Kaua’i.

Mokupuni	Nā Helu Kuhi (‘o nā helu hiō nā wahi i hiki ke lawelawe ‘ia ma kekahi māhele wale nō).
Oahu	<ul style="list-style-type: none"><li>• <b>Kaona/Kalihi: 96817, 96819</b></li><li>• <b>Wahiawa: 96786, 96789, 96857</b></li><li>• <b>Wai’anae: 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>Hawai’i Hikina: 96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785</b></li><li>• <b>Hawai’i Komohana: 96704, 96725, 96726, 96740, 96750</b></li></ul>
Kaua’i	<ul style="list-style-type: none"><li>• <b>96705, 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>

Manuahi nā papahana a pau o Your ‘Ohana no nā ‘ohana a he papahana komo e like me kou makemake. No ka ‘ikepili hou aku e pili ana i ka papahana ‘o Your ‘Ohana, nā mea ka’a’ike, a me ka ‘ike no ke kūpono ‘ana, e kipa i ke kaha pūnaeweke o [Your ‘Ohana](#) a e kaomi ma [“Enroll Today.”](#)

Aia ka ‘ikepili e pili ana i kekahi mau papahana [manuahi a makepono ‘ē a’e no ke a’o a ho’omohala kamali’i](#) ma ke kaha pūnaeweke EOEL.

**HE PEPA  
HAKAHAKA  
KĒIA 'AO'AO**

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

<b>Mokupuni</b>	<b>Kula</b>	<b>Hele Kelepona</b>	<b>Po’o Kumu</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

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



# Ka Papa Hō'ōia Palapala Noi Komo

## no nā Mākua/Kahu Ho'ohiki (Makahiki Kula 2023-2024)

### E 'imi pehea e noi komo ai.

E kī'i i kope o ka Pū'olo Palapala Noi Komo mai kekahi o nā Kula Kamali'i Aupuni EOEL a i 'ole e ho'oili i ka palapala noi mai ke kahuapa'a [o ka Papahana Kula Kamali'i Aupuni EOEL](#).

### E hō'ōia i ke kūlana kula kaiaulu paha 'a'ole paha o kāu kula e noi komo nei.

E ho'oka'a'ike me ke kula no ka hō'ōia 'ana i kou noho 'ana ma ke kaiaulu like o ke kula (i loko nō o ka māhele 'āina o ke kula). Inā nō, e nīnau aku no nā 'ano palapala e 'ae 'ia no ka hō'ōia'io nohona. E hana kope i kēlā a me kēia palapala.

### E hana kope i HO'OKAHI (1) o nā palapala hō'ōia makahiki o lalo nei:

- **Ka Palapala Hānau**, 'o ke kope kūhelu na ka 'Oihana Ola o ka Moku'āina ('o nā palapala haukapila a me nā palapala kauka, 'a'ole 'ae 'ia)
- A I 'OLE **ka Palapala Holo 'Āina 'Ē**

### E ho'opiha a e 'ūmi'i i ka palapala 'o "Questionnaire to Determine Eligibility MV1" (e nānā i ka 'ao'ao 11).

E hana i kope o HO'OKAHI (1) o nā palapala hō'ōia o lalo nei no **kēlā a me kēia makua/kahu ho'ohiki**. I maopopo iā 'oe, koi 'ia nā 'ohana noi komo i ka Papahana Kula Kamali'i Aupuni EOEL e waiho i nā palapala hō'ōia kālā no kēlā a me kēia makua/kahu ho'ohiki i helu 'ia ma ka palapala noi.

- **Ka Palapala 1463 o ka 'Oihana Lawelawe Kanaka (DHS) (Noi 'Ikepili) – Hō'ōia i ke kōkua 'ia ma ka Papahana Kāko'o Kūlana 'Aiaola Kaulele (SNAP) a me/a i 'ole Kāko'o Kū Manawa no nā 'Ohana Nele (TANF).**  
E lawe i kēia palapala i ka 'Oihana Lawelawe Kanaka (DHS) no ka ho'opiha 'ia 'ana e kekahi limahana o laila. E ho'opiha 'oe i ka palapala DHS 1465 "Ka Palapala 'Āpono no ka Ho'oku'u 'Ikepili" e 'āpono ana iā DHS e ho'oku'u i kāu 'ikepili no ke kōkua 'ia ma SNAP (kāko'o mea'ai) a me/a i 'ole TANF. A laila, hiki iā DHS ke ho'olako i ka 'ikepili e pono ai ma ka Palapala DHS 1463 "Noi 'Ikepili". E nānā i ka 'ao'ao 14 o kēia pū'olo no nā mea kiko'i hou a'e.
- **Ka palapala kūhelu maiā DHS e hō'ōia 'ana i kou kūpono 'ana no ke kōkua SNAP a me/a i 'ole TANF i loa'a mua paha iā 'oe.**
- **Ka Palapala 'Auhau Pekelala 1040 Makahiki 2022 i Pūlima 'ia ('elua 'ao'ao)**  
*E holo i nā helu mālama ola a pau*. E nānā i nā la'ana ma ka pū'olo..
- **Ka Leka Hō'ōia Kōkua Nele** maiā Social Security Administration (SSA) e hō'ike 'ia ana ka loa'a 'ana o ka Supplemental Security Income (SSI). I kekahi manawa, kapa 'ia kēia leka he "leka mo'ohelu," he "leka kōkua nele," he "leka hō'ōia'io kālā," a i 'ole he "leka hō'ōia'io ha'awina." E nānā i ka la'ana ma ka pū'olo.
- **Ka 'Ōlelo Hō'ike o ka Papahana Hānai** mai ka 'Oihana Lawelawe Kanaka.

### E ho'opiha i ka palapala.

E kī'i i kope o ka palapala noi komo mai kekahi o nā Kula Kamali'i Aupuni EOEL a i 'ole e ho'oili i ka palapala noi mai ke kahuapa'a [o ka Papahana Kula Kamali'i Aupuni EOEL](#).

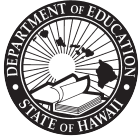
### E 'ūmi'i i kekahi wahī leka me kou wahi noho a me ke po'oleka no **kēlā a me kēia palapala noi komo**.

E waiho i ka pū'olo piha pono (e ho'okomo pū i **ka palapala piha pono i pūlima 'ia ka inoa me ka lā a me nā kope o nā palapala a pau e pono ai**), i ke kula e noi komo 'ia ana. E kali i ka leka hō'ike no ke kūpono o kāu keiki i ka papahana.

**E 'olu'olu, e hō'ōia i ka piha pono o ka pū'olo, ka pūlima 'ia, a me ke kākau 'ana i ka lā ma ka waiho 'ana. Inā hapapū nā palapala, e ho'ihō'ī 'ia ana nō a pono e waiho hou 'ia me ka piha pono.**

**HE MAU NĪNAU?** E kūka'i me ke kula kokoke iā 'oe a i 'ole me EOEL ma 808-784-5350 a i 'ole EOEL.Info@eoel.hawaii.gov.

**HE PEPA  
HAKAHAKA  
KĒIA 'AO'AO**



## 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

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**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. \_\_\_\_\_  
 City, town, or post office. If you have a foreign address, also complete spaces below. State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Presidential Election Campaign: 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.  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
z	Add lines 1a through 1h	z

**Attach Sch. B if required.**

2a	Tax-exempt interest	2a	b	Taxable interest	2b
3a	Qualified dividends	3a	b	Ordinary dividends	3b
4a	IRA distributions	4a	b	Taxable amount	4b
5a	Pensions and annuities	5a	b	Taxable amount	5b
6a	Social security benefits	6a	b	Taxable amount	6b
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				
8	Other income from Schedule 1, line 10				
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>				
10	Adjustments to income from Schedule 1, line 26				
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>				
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)				
13	Qualified business income deduction from Form 8995 or Form 8995-A				
14	Add lines 12 and 13				
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>				

**MAI POINA...**

- E holoi a nalo nā Helu Mālama Ola a pau.
- E waiho i nā 'ao'ao A PAU o ka Palapala 'Auhau Pekelala 1040 Makahiki 2022 i Pūlima 'ia (2 'ao'ao – e like me ka mea e hō'ike 'ia nei)
- 'O ka Palapala 'Auhau Pekelala 1040 Makahiki 2022 i Pūlima 'ia (2 'ao'ao) wale nō ka mea e 'ae 'ia.

**E pūlima a e kākau i ka lā ma ke kope e waiho 'ia ana i ke kula**

Inā he palapala 'auhau ho'opihapiha hui 'ia, na nā mākuā/kahu ho'ohiki 'elua e pūlima ma 'ane'i.

Form 1040 (2022) Page 2

**Tax and Credits**

16 Tax (see instructions). Check if any from Form(s): 1  8814 2  4972 3

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17

19 Child tax credit or credit for other dependents from Schedule 8812

20 Amount from Schedule 3, line 8

21 Add lines 19 and 20

22 Subtract line 21 from line 18. If zero or less, enter -0-

23 Other taxes, including self-employment tax, from Schedule 2, line 21

24 Add lines 22 and 23. This is your **total tax**

**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

27 Earned income credit (EIC)

28 Additional child tax credit from Schedule 8812

29 American opportunity credit from Form 8863, line 8

30 Reserved for future use

31 Amount from Schedule 3, line 15

32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**

33 Add lines 25d, 26, and 32. These are your **total payments**

**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid

35a Amount of line 34 you want **refunded to you**. If Form 8886 is attached, check here

35b Routing number \_\_\_\_\_ c Type:  Checking  Savings

35c Account number \_\_\_\_\_

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

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](http://www.irs.gov/Payments) or see instructions

38 Estimated tax penalty (see instructions)

**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 a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_  
 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

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)



## **Ka Hō'ōia o ke Kāko'o Kū Manawa no nā 'Ohana Nele (TANF) & ka Papahana Kāko'o Kūlana 'Aiaola Kaulele (SNAP)**

No ka palapala hō'ōia kālā ma ke 'ano SNAP a me/a i 'ole TANF, eia nā mea pono:

- He koina ka hō'ōia 'ana i ka loa'a o SNAP/TANF no **kēlā a me kēia makua/kahu ho'ohiki i helu 'ia ma ka palapala noi komo inā loa'a.**

He la'ana: Helu 'ia Makua A a me Makua E ma ka Palapala Noi Komo Papahana Kula Kamali'i Aupuni EOEL. E loa'a ana ke kōkua SNAP iā lāua. No laila, pono nā palapala hō'ōia SNAP maiā DHS no Makua A a me Makua E.

- No ka palapala hō'ōia, e hō'ike 'ia ka 'ikepili o kēia au ('o ia ho'i ke kōkua i loa'a i kēia mahina a me ke kōkua e loa'a ana ma nā mahina e hiki mai ana).
- Nā inoa o ka po'e A PAU o ka hale (nā kanaka makua a me nā keiki) e kōkua 'ia nei.

'O nā 'ano palapala hō'ōia loa'a kālā penei:

- Ka palapala kūhelu maiā DHS e hō'ōia 'ana i kou kūpono 'ana no ke kōkua SNAP a me/a i 'ole TANF i loa'a mua paha iā 'oe
- "DHS 1463: Palapala "Noi 'Ikepili" i ho'opiha 'ia e ka limahana
- Nā palapala i pa'i 'ia mai ke kahua PAIS o DHS- <https://pais-benefits.dhs.hawaii.gov/>
- E noi 'ia paha kekahi palapala hō'ōia hou aku ma ka nā'ana.

No ka ho'opiha 'ana i ka palapala "DHS 1463: Noi 'Ikepili", e nānā i nā kuhikuhina o lalo:

1. E ho'opiha iā "**DHS 1465**: Ka Palapala 'Āpono no ka Ho'oku'u 'Ikepili". E ho'opiha i ka 'ikepili e pono ai ma ka palapala.
2. E kipa i kāu ke'ena DHS a e lawe pū i ka palapala **DHS 1465** i ho'opiha 'ia a me ka palapala hakahaka "**DHS 1463**: Noi 'Ikepili" na ka limahana DHS e ho'opiha
3. E waiho i ka palapala "**DHS 1463**: Noi 'Ikepili" a me nā palapala hō'ōia hou aku (inā pono) i ke Ke'ena Kula.

**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

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KĒIA 'AO'AO**



### 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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HAKAHAKA  
KĒIA 'AO'AO**



# Nā Palapala Noi Komo no ka Papahana Kula Kamali'i Aupuni o ke Ke'ena Ho'okō no ke A'ō Mua (EOEL) *no* *ka Makahiki Kula 2023 – 2024 (H)*

## KE KŪPONO MAKAHIKI & NĀ MAKAKOHO

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

No ka makahiki 2023 - 2024, 'o ka lā hānau o kāu keiki kekahi lā **ma waena o 1 'Aukake 2018 – 2020 July 31, .**

**I loko nō o ke koina kūlana makahiki, 'o ka makakoho nā keiki i kū i kekahi o kēia mau kūlana e hō'ike 'ia nei ma lalo. E koho i nā kūlana makakoho pili iā 'oe a me kāu keiki. I 'ike 'oe, koi 'ia paha kekahi mau palapala hō'ōia hou aku. E no'ono'o pono ana 'o EOEL i kēia 'ike a me nā palapala hō'ōia ma ka nānā 'ana i kēia palapala noi komo.**

**E koho i nā mea a pau i pili iā 'oe:**

'O nā keiki home 'ole a noho pa'a 'ole paha

'O nā 'ohana me ka makahiki/mahina **o ka Huina Loa'a 'Ohana** he 300% a emi mai paha o Nā Kuhikuhi 'Ilihune Pekelala (e nānā i ka pakuhi ma ka 'ao'ao 3 o nā palapala noi)) A I 'OLE ka po'e e lawe nei i ke Kāko'o Kū Manawa no nā 'Ohana Nele (TANF) a me/a i 'ole ka Papahana Kāko'o Kūlana 'Aiaola Kaulele (SNAP).

'O nā keiki o kapapahana hānai.

'O nā keiki 'ōlelo pālua a lau'ōlelo paha .

'O nā keiki kūpono no kekahi 'ano a'o pilikino ma muli ke kīnānā (IDEA- Kānāwai Ho'ona'auao Kanaka Kīnānā , Nā Lawelawe Ho'ona'auao Kīnānā) e noho ana ma ka papa ma'amau..

'O nā keiki ma nā pō'aiapili maka'u 'oi ai he pilikia paha ma luna o ko lākou ho'ona'auao a ho'omohala 'ana.

**E waiho pū mai i kekahi 'ikepili 'ē a'e e no'ono'o pono 'ia ai ma ko mākou nānā 'ana i kāu palapala noi komo.**

## NĀ PALAPALA KOINA

Eia nā palapala koina no ka holo pono 'ana o kāu palapala noi komo. **He koina #1 – 4 no nā palapala noi komo A PAU.**

- 'O ka palapala EOEL piha pono me ka(nā) pūlima o **nā mākuu/kahu ho'ohiki** .
- 'O ka **palapala hānau** a i 'ole ka palapala holo 'āina 'ē o ke keiki/kanaka noi komo.
- Ka home 'ole a noho pa'a 'ole paha** e ho'opiha i ka palapala "Questionnaire to Determine Eligibility MV1" (e nānā i ka 'ao'ao 11).
- 'O ka palapala hō'ike loa'a kālā no kēlā a me kēia mākuu/kahu ho'ohiki (e nānā i ka 'ao'ao 9)\*: 'O ka Palapala 'Auhau Pekelala 1040 Makahiki 2022 i Pūlima 'ia ('elua 'ao'ao) A I 'OLE ka palapala Hō'ōia DHS .  
\*\*'A'ole pono nā kahu hānai e hō'ike mai i nā palapala loa'a kālā.
- Nā lawelawe IDEA (ho'ona'auao haumāna kīnānā) no nā haumāna noho ma ka papa ma'amau no** ke a'o pilikino 'ana: E kūka'i me ke ke'ena kula i hiki iā lākou ke ho'omākaukau i nā palapala kūpono no EOEL.
- Ka papahana hānai:** nā palapala mai ka 'Oihana Lawelawe Kanaka (DHS).
- Ka hānai a kahu ho'ohiki paha:** nā palapala ho'ohiki a me nā palapala 'ē a'e paha.
- No nā pō'aiapili maka'u 'ē a'e :** koi 'ia kekahi mau palapala hou aku. E kūka'i me ke ke'ena kula.

## Ka 'Ikepili Keiki

Ka 'ikepili no ke KEIKI.

Ke KULA e noi komo 'ia nei

Inoa kūhelu o ke keiki

Lā hānau

Keka

He aha ka 'ōlelo mua i pa'ai kāu keiki?

He aha ka 'ōlelo o ka hale? \_\_\_\_\_

He aha ka 'ōlelo ma'amau a kāu keiki?

**E 'olu'olu, e nānā i kēia palapala i mēa alaka'i no ka ho'opiha 'ana i kēia palapala noi ma ka 'ōlelo Pelekānia.**

Helu Wahi Noho (ka helu a me ke alanui)

Kūlanakauhale/Kaona, Moku'āina, me ka Helu Kūhi

Helu Wahi Leka (inā 'oko'a ka helu wahi noho)

Kūlanakauhale/Kaona, Moku'āina, me ka Helu Kūhi

## Ka Makua/Kahu Ho'ohiki Kuakahi

Ka 'ikepili no ka makua/kahu ho'ohiki kuakahi nāna ke keiki.

Inoa kūhelu o ka makua/kahu ho'ohiki kuakahi	Pilina i ke keiki: <input type="checkbox"/> Makua <input type="checkbox"/> Kahu Ho'ohiki <input type="checkbox"/> Kahu Hānai <input type="checkbox"/> Mea 'Ē A'e: _____
Kūlana Male: <input type="checkbox"/> Male 'ole <input type="checkbox"/> Male <input type="checkbox"/> 'Oki Male 'ia <input type="checkbox"/> Ka'awale 'ia <input type="checkbox"/> Make ka Hoa Male	Kūlana Hana: <input type="checkbox"/> Limahana <input type="checkbox"/> Limanelehana
Helu Wahi Noho (ka helu a me ke alanui)	Kūlanakauhale/Kaona, Moku'āina, me ka Helu Kuhi
Helu Wahi Leka (inā 'oko'a ka helu wahi noho)	Kūlanakauhale/Kaona, Moku'āina, me ka Helu Kuhi
Helu kelepona home	Helu kelepona kelulā
Helu kelepona 'ē a'e	
Helu leka uila	

## Ka 'Ikepili Makua/Kahu Ho'ohiki Kualua

Ka 'ikepili no ka makua/kahu ho'ohiki kualua nāna ke keiki.



**'A'ohē pili**

(If checked leave this box blank)

Inoa kūhelu o ka makua/kahu ho'ohiki kualua	Pilina i ke keiki: <input type="checkbox"/> Makua <input type="checkbox"/> Kahu Ho'ohiki <input type="checkbox"/> Kahu Hānai <input type="checkbox"/> Mea 'Ē A'e: _____
Kūlana Male: <input type="checkbox"/> Male 'ole <input type="checkbox"/> Male 'ia <input type="checkbox"/> 'Oki Male 'ia <input type="checkbox"/> Ka'awale 'ia <input type="checkbox"/> Make ka Hoa Male	Kūlana Hana: <input type="checkbox"/> Limahana <input type="checkbox"/> Limanelehana
Helu Wahi Noho (ka helu a me ke alanui)	Kūlanakauhale/Kaona, Moku'āina, me ka Helu Kuhi
Helu Wahi Leka (inā 'oko'a ka helu wahi noho)	Kūlanakauhale/Kaona, Moku'āina, me ka Helu Kuhi
Helu kelepona home	Helu kelepona kelulā
Helu kelepona 'ē a'e	
Helu leka uila	<b>E 'olu'olu, e nānā i kēia palapala i mēa alaka'i no ka ho'opiha 'ana i kēia palapala noi ma ka 'ōlelo Pelekānia.</b>

### Nā Lawelawe Papahana Kāko'o Kamali'i

no nā Kamali'i mai ka wā hānau a i 3 mau makahiki a me nā Makuahine Hāpai

**Hoihoi au i nā Lawelawe Papahana Kāko'o Kamali'i na ka'u pēpē/kamali'i a i 'ole/a na'u iho.**

Mea Ho'omaopopo: 'A'OLE pili ka Papahana Kāko'o Kamali'i i ka Papahana Kula Kamali'i Aupuni EOEL. Mālama 'ia e nā 'oihana pono'i me kāko'o kālā pekelala me ka makepono a i 'ole ka manuahi no nā 'ohana. Ma ke kaha 'ana i ka pahu o luna, ke 'ae nei au i ke ka'ana 'ana o ko'u 'ike ka'a launa me ka Papahana Kāko'o Kamali'i.

### Nā Papahana 'o Your 'Ohana (Kipa Home)

no nā Kamali'i mai ka wā hānau a i 5 mau makahiki a me nā Makuahine Hāpai  
([www.yourohana.org](http://www.yourohana.org))

**Hoihoi au i nā Papahana Your 'Ohana na ko'u 'ohana, ka'u keiki, a i 'ole/a na'u iho.**

Mea Ho'omaopopo: 'A'OLE pili nā papahana Your 'Ohana i ka Papahana Kula Kamali'i Aupuni EOEL. Kāko'o 'ia kēia mau papahana e ka 'Oihana Olakino a he manuahi no nā 'ohana. Ma ke kaha 'ana i ka pahu o luna, ke 'ae nei au i ke ka'ana 'ana o ko'u 'ike ka'a launa me ka Papahana Your 'Ohana.

## E PŪLIMA MAI (he koina)

E heluhelu, a laila e **PŪLIMA** a e kākau i ka lā ma kāu palapala noi komo.

Ma kēia, hō'ouia 'ia ka 'ouia'io a me ka piha pono o ia 'ikepili e a'u ma kēia palapala noi komo a ma nā palapala kāko'o. 'Ae au i ka hā'awi aku i ka 'ikepili a me nā palapala hou aku inā pono no ka ho'opau pono 'ana i ka'u palapala noi komo.

**Pulima o ka makua/kahu ho'ohiki kuakahi**

Lā

**Pūlima o ka makua/kahu ho'ohiki kualua (inā kūpono)**

Lā



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

## 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