



Executive Office on Early Learning (EOEL) Public Prekindergarten Program

Dokumento iti Panagaplay

Tawen ti Panageskuela 2023-2024

Dagiti Makipartisipar nga Eskuelaan ti DOE

Mangisumitir iti naisina a nakompleto a dokumento iti panagaplay iti kada eskuelaan a paginteresam.

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 • Pāhoā 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 • Wahiaiwā Elementary



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Dagiti Makalikaguman a Kualipikasion ken Impormasion iti Aplikasion Tawen ti Panageskuela 2023-2024

Pagyamanan iti panaginteresmo iti EOEL Public Prekindergarten Program. Pangngaasim ta basaem dagiti sumaganad nga impormasion tapno maammuum dagiti makalikaguman tapno makualipikar, dagiti makalikaguman iti panagaplay, ken dagiti proseso iti pannakaakseptar ken panagenrol iti daytoy a programa.

Kualipikado kadi ti ubingko iti daytoy a programa?

Children must be age three or four on or before July 31 of the current school year. Para iti tawen ti panageskuela a 2023 - 2024, kualipikado dagiti ubbing a nayanak idi wenno iti nagbaetan ti Agosto 1, 2018 - Hulio 31, 2020. Malaksid iti makalikaguman nga edad, pangngaasim ta kitaem dagiti prioridad a maawatka iti programa iti p. 3 (Kasano a makualipikar dagiti ubbing iti daytoy a programa?).

Kaano a mabalin nga isumitir dagiti aplikasion?

Mabalin nga isumitir dagiti aplikasion kadagiti eskuelaan mangrugi inton Marso 1, 2023 (June 1, 2023 for NEW DOE Schools). Pangngaasim ta laglagipem a masapul a maisumitir ti interamente nga aplikasion tapno matingiting no kualipikadoka. Maisubli dagiti di kompleto nga aplikasion ken masapul a maisumitir manen ti intero nga aplikasion.

Mano ti ubbing iti kada kuarto?

Ti kaaduan a bilang ti estudiante a mayenrol iti kada klase ket matingiting iti kada pie kuadrado (square foot) iti kalawa ti kuarto. Nupay kasta, limitado ti kada klase iti saan a nasursurok ngem 20 nga estudiante. (Mabalin nga agbaliw ti kadakkel ti maysa a klase tapno masolusionan ti kasapulan dagiti ubbing ken empledo para iti salun-at ken kinatalged a timmaud gapu iti di ninamnama a kasasaad. Damagem iti eskuelaan a pagap-aplayam no adda aniaman nga update.)

Gapu ta limitado ti espasio, mairekomenda a dagiti pamilia isumitirda ti nakompleto nga aplikasion ken dagiti makalikaguman a dokumento agingga a posible.

Ania nga eskuelaan ti pangisumitirak iti aplikasion ken dagiti makalikaguman a dokumento?

Kompletuem ken isumitirmo ti nairagpin nga aplikasion agraman dagiti makalikaguman a dokumento iti eskuelaan a kayatmo a pagbasaan ti anakmo (kitaem ti listaan dagiti eskuelaan iti panid 7-8).

Ti geograpiko nga eksepsion ket saan a makalikaguman para iti EOEL Public Prekindergarten Program. Ngem, maiprioridad dagiti ubbing nga agap-aplay nga agadal iti eskuelaan nga asideg iti lugarda. Dagitoy ti ubbing nga agnanaed iti uneg ti geograpiko a beddeng ti eskuelaan. Kontakem ti kaasitgan nga eskuelaan tapno maammuum no aggigian ti pamiliam iti lugar a saklaw dayta nga eskuelaan.

Ania ti kasapulak nga isumitir iti eskuelaan?

Ti kompleto a dokumento ramanenna ti amin a dokumento a nailista iti panid 9 (Checklist ti Aplikasion). Ti aplikasion ket saan a maakseptar no awan ti amin a makalikaguman a dokumento. Pangngaasim ta iti tunggal dokumento, mangiragpinka iti sobre a naikkan iti adresmo ken naselioan.

Kasano a makualipikar dagiti ubbing iti daytoy a programa?

Kas kanayonan iti makalikaguman nga edad, maiprioridad dagiti ubbing a ti kasasaadda ramanenna, ngem saan laeng a dagitoy, ti maysa wenno ad-adu pay kadagiti sumaganad:

- Ubbing a kualipikado iti **serbisio ti espesial nga edukasion** sigun iti Individuals with Disabilities Act (IDEA) ken agkasapulan iti gagangay nga edukasion.
- Ubbing nga **ay-aywanan dagiti agak-akem a pannaka-nagannakda.**
- Ubbing nga **awanan pagtaengan** wenno **awanan permanente a pagyanan.**

Ti “awanan pagtaengan” ket dagiti indibidual nga awanan iti umno, regular ken umdas a pagyanan iti rabii (sigun iti kaipapanan ti seksion 42 USCS §11302(a)(1)) ken ramanenna:

- **Awanan paglinongan:** Awan ti regular a lugar a pagyananna iti rabii ken aggigian iti campground, lugan, igid ti baybay/parke, abandonado a patakder, kalsada, wenno aniaman a di nasayaat a pagyanan.
- **Paglinongan:** Aggigian iti paglinongan a pang-emerhensia, temporario wenno pagkamangan ti inabuso ti kapamilia.
- **Hotel/Motel:** Aggigian iti hotel wenno motel gapu ta awanan iti sabali a nasayaat a pagtaengan, **di karaman** ti temporario a pagyanan para kadagiti empleado ti militar nga agur-uray iti pagtaengan.
- **Makigigian:** Temporario a makipagnanaed iti kapamilia wenno dadduma pay nga indibidual gapu iti napukaw a pagtaengan wenno kas resulta ti narigat a panagbiag.

- Ubbing nga **agsursuro iti dua wenno ad-adu pay a lengguahe.**
- Ubbing nga agpaspasar iti **narisgo a situasion** a mangapektar iti panagsursuro ken panagrang-ayda.
- Dagiti pamilia nga addaan iti tinawen/binulan a **Gross Family Income** a **300% wenno nababbaba** iti Federal Poverty Guidelines WENNO umaw-awat iti Temporary Assistance for Needy Families (**TANF**) ken/wenno Supplemental Nutrition Assistance Program (**SNAP**).

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

*300% iti Federal Poverty Guidelines (FPG) para iti Hawai'i manipud Enero 2023.

Para kadagiti aplikasion a maawat inton June 30, 2023 (July 31, 2023 for NEW DOE Schools).

- Dagiti ubbing nga agaplay tapno agadal iti eskuelaan iti asidegda (aggigian iti uneg ti beddeng dayta nga eskuelaan) ket mayenrol sigun iti panagsasaganad a naawat ti eskuelaan dagiti nakompleto nga aplikasion ken ti amin a makalikaguman a dokumento.
- No adda pay espasio kalpasan ti June 30th (July 31st for NEW DOE Schools), dagiti estudiante nga awanan pagtaengan ket mayenrol sigun iti panagsasaganad a naawat ti eskuelaan dagiti kompleto nga aplikasion.
- Mangipatulod dagiti eskuelaan iti surat ti panangawat wenno di panangawat para kadagiti nagannak/legal a paraaywan. Dagiti surat ti panangawat ti mangibilin kadagiti nagannak/legal a paraaywan tapno iyenrolda ti anakda iti opisina ti eskuelaan. Dagiti makalikaguman a form ti panagenrol para iti eskuelaan ket masapul a makompleto ken maisumitir sakbay ti umuna nga aldaw a panageskuela ti ubing.

Para kadagiti aplikasion a maawat manipud July 3, 2023 (August 1, 2023 for NEW DOE Schools):

- Dagiti bakante nga espasio ket mapunuan laeng maibatay laeng iti panagsasaganad a naawat ti eskuelaan dagiti kompleto nga aplikasion ken ti amin a makalikaguman a dokumento. Kayatna a sawen, manipud July 3rd (August 1, 2023 for NEW DOE Schools), saan a maiprioridad dagiti ubbing a nagaplay nga agadal iti eskuelaan nga asidegda.
- Dagiti eskuelaan ipatulodda dagiti surat ti panangawat wenno di panangawat para kadagiti nagannak/legal a paraaywan no agaplikar. Dagiti surat ti panangawat ti mangibilin kadagiti nagannak/legal a paraaywan tapno iyenrolda ti anakda iti opisina ti eskuelaan. Dagiti makalikaguman a form ti panagenrol para iti eskuelaan ket masapul a makompleto ken maisumitir sakbay ti umuna nga aldaw a panageskuela ti ubing.
- No mapunuanen dagiti bakante, dagiti nabatbati nga aplikante ket maikabil iti iggem ti eskuelaan a listaan dagiti aguray maibatay iti panagsasaganad a naawat dagiti aplikasion. Dagiti eskuelaan mangipatulodda iti surat kadagiti nagannak/legal a paraaywan a mangipakaammo kadakuada iti ayanda iti listaan dagiti aguray.

No naawat ti anakko iti daytoy a programa, ania ti eskediul ti eskuelaan?

Ti eskediul ti EOEL Public Prekindergarten Program Classroom ket naibatay iti eskediul ti pang-akademiko a tawen ti DOE, a maigiddan iti intero-aldaw nga eskediul ti kindergarten. Kadawyan, kaaduan nga aldaw ti panageskuela ket mangrugi iti 8:00 am ken agpatingga iti agarup 2:00 pm. Para iti mas espesipiko nga oras, pangngaasim ta kontakem ti eskuelaan a pagap-aplayam. Para iti listaan dagiti kontak, kitaem ti panid 7-8 (EOEL Public Prekindergarten Program DOE Schools).

Adda kadi pannakaaywan ti ubing sakbay ken kalpasan ti panageskuela?

Iti agdama, dagiti ubbing iti EOEL Public Prekindergarten Program ket saan a kualipikado iti pannakaaywan sakbay ken kalpasan ti panageskuela a maipapaay kadagiti estudiante ti DOE iti K-5/6.

Adda kadi bus a pagluganan dagiti estudiante ti DOE?

Iti agdama, dagiti ubbing iti EOEL Public Prekindergarten Program ket saan a kualipikado iti bus a pagluganan a maipapaay kadagiti estudiante ti DOE iti K-5/6.

Adda pay kadi sabali a programa malaksid iti EOEL Public Pre-K Program?

EARLY HEAD START & HEAD START

Ti Early Head Start (EHS) ken Head Start (HS) ket programa a mangipaay iti suporta iti salun-at, edukasion, ken iti familia ken kadagiti serbisio ken tulong para kadagiti ubbing a kualipikado sigun iti birok iti familiada. Dagiti serbisio nga inaldaw a maipapaay kadagiti kuarto iti eskuelaan (di intero-aldaw wenna intero-aldaw) wenna babaen ti linawas nga ibibisita iti pagtaengan.

Ti serbisio ti EHS ket para kadagiti masakog a babбай, maladaga ken agkarkaradapen nga ubbing ken dagiti familiada. Ti serbisio ti EHS ket para kadagiti preschool nga ubbing ken iti familiada.

Dagiti di intero-aldaw a programa (8am-2pm) ket libre para kadagiti familia, sa dagiti intero-aldaw a programa ket mayopreser iti kabaelan a gatad. Dagiti ubbing nga addaan iti espesial a kasapulan, kasta met dagiti ubbing a maay-aywanan iti maysa a sistema wenna awanan iti pagtaengan ket maiprioridad kadagiti programa nga EHS/HS.

Para iti ad-adu nga impormasion maipapan iti Head Start, agraman dagiti impormasion a pangkontaknan, para kadagitoy a programa, pangngaasim ta mapanka iti [page ti Hawai'i Head Start Collaboration Office](#) iti website ti EOEL.

YOUR 'OHANA Programs

Ti Your 'Ohana programs ket programa nga ibibisita iti pagtaengan a mangsuporta kenka ken iti pamiliam para iti salun-at, panagrang-ay ti ubing, ken panangisagana kenkuana iti eskuelaan. Sursuruem no kasanom nga imanehar ti pagimbagan ti pamiliam ket makaipaayka iti nasaysayaat nga oportunidad dagiti anakmo babaen ti regular nga ibibisita ti nasanan a propesional.

Ti serbisio ti Your 'Ohana programs ket para kadagiti masakog a babбай, dagiti keiki nga edad 0-5, ken dagiti familiada.

Ti serbisio ti Your 'Ohana Program ket para kadagiti familia nga aggigian kadagiti sumaganad a ZIP code area. [Dagiti detalyado a mapa a pakaipapaayan ti serbisio](#) ket makita iti online para iti O'ahu, Hawai'i Island, Maui County, ken Kaua'i.

| Isla | Dagiti Zip Code Area (dagiti saan nga interamente a lugar ket nayirig). |
|----------------|--|
| Oahu | <ul style="list-style-type: none">• Downtown/Kalihi: 96817, 96819• Wahiawa: 96786, 96789, 96857• Wai'anae: 96792 |
| Maui | <ul style="list-style-type: none">• 96732, 96753, 96779, 96793 |
| Hawai'i Island | <ul style="list-style-type: none">• E. Hawaii: 96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785• W. Hawaii: 96704, 96725, 96726, 96740, 96750 |
| Kaua'i | <ul style="list-style-type: none">• 96705, 96741, 96756, 96765 |
| Molokai | <ul style="list-style-type: none">• 96729, 96748, 96757, 96770 |
| Lāna'i | <ul style="list-style-type: none">• 96763 |

Amin a programa a mayopreser babaen ti Your 'Ohana ket libre para kadagiti familia ken boluntario dagita a programa. Para iti ad-adu nga impormasion maipapan iti Your 'Ohana, agraman ti impormasion a pangkontaknan ken no kualipikadoka, mapan iti website a [Your 'Ohana](#) sa i-click ti "[Enroll Today.](#)"

Adda met makitam nga impormasion maipapan iti dadduma a [nalaka agingga iti libre a programa para iti nasapa a panagrang-ay ken panagsursuro ti ubing](#) iti website ti EOEL.

NAIRANTA A

BLANKO

DAYTOY A

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

| Isla | Eskuelaan | Telepono | Prinsipal |
|-------------|--------------------------|-----------------|---------------------|
| 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

| Isla | Eskuelaan | Telepono | Prinsipal |
|-----------------------------|--------------------------------|----------------|------------------------|
| 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 |
| Kaua'i | Pāhoā Elementary | 808-313-4400 | Michelle Payne-Arakaki |
| | 'Ele'ele Elementary | 808-335-2111 | Allison Carveiro |
| Kekaha Elementary | Kekaha Elementary | 808-337-7655 | Joseph Hicks |
| | Lāna'i HS and Elementary | 808-565-7900 | Douglas Boyer |
| Lāna'i | Hāna High and Elementary | 808-248-4815 | Christopher Sanita |
| | Kula Elementary | 808-876-7610 | Marianne Wheeler |
| | Pukalani Elementary | 808-727-3900 | Ty Ogasawara |
| Maui | Kaunakakai Elementary | 808-567-7200 | Daniel Espaniola |
| | Kilohana Elementary | 808-774-8400 | Shona Pineda |
| Molokai | '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 | |

Checklist iti Panagaplay para kadagiti Nagannak/Legal a Paraaywan (Tawen ti Panageskuela 2023-2024)

_____ **Ammuem no kasano ti agaplay.**

Mangala iti kopia ti Dokumento iti Panagaplay iti aniaman kadagiti eskuelaan ti EOEL Public Prekindergarten Program wenna i-download ti aplikasion iti page nga [EOEL Public Pre-K Program](#).

_____ **Ammuem no ti eskuelaan a pagap-aplayam ket asideg iti lugaryo wenna saan.**

Kontakem ti eskuelaan tapno maammuan no aggigianka iti lugar ti Home School (iti uneg ti beddeng ti eskuelaan). No aramidem dayta, damagem no aniada a dokumento ti maawat kas ebidensia ti residensia. Mangaramid iti kopia ti tunggal dokumento.

_____ **Mangaramid iti kopia ti MAYSA (1) kadagiti mangsigurado-iti-edad a dokumento a nailista iti baba:**

- **Birth Certificate**, opisial a kopia manipud iti State Department of Health ([saan](#) a maawat dagiti dokumento ti ospital ken napaababa a birth certificate)
- WENNO **Pasaporte**

_____ **Kompletuen ken iragpin ti form a “Questionnaire to Determine Eligibility MV1” (kitaen ti p. 11).**

_____ **Mangaramid iti kopia ti uray MAYSA (1) kadagiti sumaganad a pangsigurado a dokumento a nailista iti baba para iti kada nagannak/legal a paraaywan. Laglagipem koma a dagiti familia nga agap-aplay iti EOEL Public Prekindergarten Program ket makalikaguman a mangipasa iti pinansial a dokumentasion para iti kada nagannak/legal a paraaywan a nailista iti aplikasion.**

- **Department of Human Services (DHS) Form 1463 (Request for Information) – Dagiti benepisio ti Panangkompirmar iti Supplemental Nutrition Assistance Program (SNAP) ken/wenna ti Temporary Assistance for Needy Families (TANF).** Ipasam daytoy a form iti Department of Human Services (DHS) tapno kompletuen ti empleadoda. Masapul a kompletuem ti DHS Form 1465 a “Consent to Release information” tapno maikkam ti DHS iti permiso a mangiruar kadagiti impormasion maipapan iti benepisio mainaigiti SNAP (tiket ti libre a makan) ken/wenna TANF. Kalpasanna, maipaayen ti DHS dagiti nasken nga impormasion babaen ti panangusarna iti DHS Form 1463 a “Request for Information”. Pangngaasim ta kitaem ti panid 14 iti daytoy a dokumento para iti kanayonan a detalye.
- **Opisial a dokumentasion manipud DHS a mangsigurado iti panagbalin a kualipikado kadagiti benepisio ti SNAP ken/wenna TANF a mabalin a naawatmon.**
- **2022 Signed Federal Income Tax Return, Form 1040 (2 panid)**
Ikkatem ti amin a numero ti social security. Kitaem dagiti sampol iti uneg ti aplikasion.
- **Benefit Verification Letter** manipud Social Security Administration (SSA) a mangipakita iti ebidensia a kualipikado iti Supplemental Security Income (SSI). Daytoy a surat ket maawagan no dadduma iti “budget letter,” “benefits letter,” “proof of income letter,” wenna “proof of award letter.” Kitaem ti sampol iti uneg ti aplikasion.
- **Ebidensia ti Panangaywan ti Pannaka-Nagannak** manipud Department of Human Services.

_____ **Kompletuem ti aplikasion.**

Mangala iti kopia ti aplikasion iti maysa kadagiti eskuelaan ti EOEL Public Pre-kindergarten Program wenna i-download ti aplikasion iti page nga [EOEL Public Pre-K Program](#).

_____ **Mangiragpin iti sobre a naikkan iti adresmo ken naselioan para iti tunggal aplikasion.**

_____ **Isumitir ti nakompleto nga aplikasion (a ramanenna ti nakompleto, napirmaan ken napetsaan nga aplikasion ken kopia ti amin a makalikaguman a dokumento), iti eskuelaan a pagap-aplayam. Urayem ti naibuson a pakaammo no kualipikado ti anakmo iti programa.**

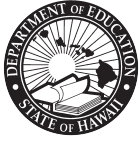
**Pangngaasim ta siguraduem a mangisumitirka iti nakompleto, napirmaan ken napetsaan nga aplikasion.
Maisubli dagiti di kompleto nga aplikasion ken masapul a maisumitir manen ti intero nga aplikasion.**

ADDA SALUDSODMO? Kontakem ti kaasitgan nga eskuelaan wenna EOEL iti 808-784-5350 wenna EOEL.Info@eoel.hawaii.gov.

NAIRANTA A

BLANKO

DAYTOY A



QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

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

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

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA CODE

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



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

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

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

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

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

The information you provide above will determine what services you or your child may be eligible to receive under the **McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2)**. If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

NAIRANTA A

BLANKO

DAYTOY A

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

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

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

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

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

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

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

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

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

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

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

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

Income

| | | |
|----|---|----|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a |
| 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 2e | 1e |
| 1f | Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| 1g | Wages from Form 8919, line 6 | 1g |
| 1h | Other earned income (see instructions) | 1h |
| 1i | Nontaxable combat pay election (see instructions) | 1i |
| 1j | Add lines 1a through 1h | 1j |
| 2a | Tax-exempt interest | 2a |
| 2b | Taxable interest | 2b |
| 3a | Qualified dividends | 3a |
| 3b | Ordinary dividends | 3b |
| 4a | IRA distributions | 4a |
| 4b | Taxable amount | 4b |
| 5a | Pensions and annuities | 5a |
| 5b | Taxable amount | 5b |
| 6a | Social security benefits | 6a |
| 6b | Taxable amount | 6b |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | 7 |
| 8 | Other income from Schedule 1, line 10 | 8 |
| 9 | Add lines 1j, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | 11 |
| 12 | Standard deduction or itemized deductions (from Schedule A) | 12 |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 |
| 14 | Add lines 12 and 13 | 14 |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 |

Attach Sch. B if required.

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113028 Form **1040** (2022)

DIMO LIPLIPATAN NGA...

- Ilemmeng ti AMIN a numero ti social security.
- Isumitir ti AMIN a panid ti napirmaan a 2022 Federal Income Tax Return, Form 1040 (2 a panid- kas naipakita ditoy)
- Ti laeng maawat ket ti Napirmaan a 2022 Federal Income Tax Return, Form 1040 (2 a panid).

Pirmaam sa petsaam ti kopia a naisumitir iti eskuelaan

No agkadua nga agipasa dagiti nagannak/legal a paraaywan, masapul nga agpirmada ditoy.

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 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

Your signature _____ Date _____ Your occupation _____

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

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

Firm's name _____ Phone no. _____

Firm's address _____ Firm's EIN _____

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

Dagiti Benepisio ti Panangkompirmar iti Temporary Assistance for Needy Families (TANF) & Supplemental Nutrition Assistance Program (SNAP)

Ti pinansial a dokumentasion iti benepisio ti SNAP ken/wenno TANF ket masapul a ramanenna dagiti sumaganad:

- Ti panangkompirmar iti benepisio ti SNAP/TANF ket makalikaguman para iti **tunggal nagannak/legal a paraaywan a nailista iti aplikasion nga isu ti umawat iti kakasta a benepisio.**

Sampol: Ti Nagannak A ken Nagannak B ket agpada a nailista iti EOEL Public Prekindergarten Application. Umawatda a dua kadagiti benepisio ti SNAP. Gapuna, kasapulanmi ti dokumentasion ti DHS SNAP agpada para iti Nagannak A ken B.

- Ti panangkompirmar masapul nga ipakitana ti agdama nga impormasion ti benepisio (benepisio iti agdama a bulan ken iti masungad a bulbulan).
- Nagan ti AMIN a miembro ti sangakabbalayan (dagiti adulto ken ubbing) nga umawat iti benepisio.

Ti pinansial a dokumentasion ket mabalina maipaay babaen kadagiti sumaganad a pamayan:

- Opisial a dokumentasion manipud DHS a mangkompirmar a kualipikadoka kadagiti benepisio ti SNAP ken/wenno TANF a mabalina naawatmon
- Form a “DHS 1463: Request for Information” a kinompleto ti caseworker
- Nayimprenta a kopia manipud DHS PAIS system - <https://pais-benefits.dhs.hawaii.gov/>
- Mabalina nga adda kanayonan a dokumentasion a makiddaw bayat a marepaso ti aplikasion.

No usarem ti form a “DHS 1463: Request for Information”, kitaem dagiti addang iti baba:

1. Kompletuem ti “**DHS 1465: Consent to Release Information**”. Ilistam dagiti impormasion a kasapulan iti form.
2. Bisitaem ti DHS processing center iti lugaryo ket itugotmo ti nakompleto a form a **DHS 1465** ken ti blanko a form a “**DHS 1463: Request for Information**” a kompletuen ti caseworker
3. Isumitir iti School Office ti nakompleto a form a “**DHS 1463: Request for Information**” ken ti kanayonan a dokumentasion (no agaplikar).

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

NAIRANTA A

BLANKO

DAYTOY A

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)

NAIRANTA A

BLANKO

DAYTOY A

Sample Online Benefit Verification Letter



Social Security Administration
Benefit Verification Letter

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

40201888888888888888 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 Social Security Income payment

paid the month they are due.

Payments for March are paid in

rules on September 30, 1993.

Payment Information

disabled individual.

12, 1966.

Medicare beginning March 1996.

Medicare beginning March 1996.

R. FOR DEMONSTRATION

Director General's Fraud Hotline at

socialsecurity.gov on the Internet to find
you have any specific questions, you
your local office at ██████████.
If you are deaf or hard of hearing,
You can also write or visit any
your area is located at:

**Laglagipem:
Ti laeng Supplemental
Security Income (SSI) ti
agaplikar kadagiti katagoria
a maiprioridad.**

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

NAIRANTA A

BLANKO

DAYTOY A



Executive Office on Early Learning (EOEL)
Public Prekindergarten Program Application
para iti Tawen ti Panageskuela 2023 – 2024 (I)

**Pakiusar mo daytoy nga
pagtuladan tapno kumpletwen
iti aplikasyon iti Ingles.**

KUALIPIKADO NGA EDAD & KATEGORIA A PRIORIDAD

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

Para iti tawen ti panageskuela 2023 - 2024, ti kasangay ti anakmo ket masapul a mairana **iti wenno nagbaetan ti Agosto 1, 2018 - Hulio 31, 2020.**

Malaksid iti makalikaguman nga edad, maiprioridad dagiti ubbing a ti situasionda ket maysa wenno ad-adu pay kadagiti banag a nailista iti baba. Pangngaasim ta lasinem dagiti kategoria a prioridad a patiem nga agaplikar kenka ken iti situasion ti anakmo. Laglagipem koma a mabalina a makalikaguman ti kanayonan a dokumento. Ikonsiderar ti EOEL daytoy nga impormasion ken ti mangsuporta a dokumento bayat a marepaso daytoy nga aplikasion.

Itsek ti amin nga agaplikar:

- Dagiti ubbing nga awanan pagtaengan wenno awanan permanente a pagyanan
- Dagiti pamilia nga addaan iti tinawen/binulan a **Gross Family Income a 300%** wenno nababbaba iti Federal Poverty Guidelines (kitaen ti tsart iti panid 3 ti dokumento iti panagaplay) **WENNO** dagidiay umawat iti Temporary Assistance for Needy Families (**TANF**) ken/wenno Supplemental Nutrition Assistance Program (**SNAP**).
- Ubbing nga ay-aywanan dagiti agak-akem a pannaka-nagannakda.
- Ubbing nga agsursuro iti dua wenno ad-adu pay a lengguahe.
- Ubbing nga agkasapulan iti espesial a panangisuro gapu iti espesial a kasapulan/disabilidadna (**IDEA-Individuals with Disabilities Act**, Special Education Services) babaen ti gagangay nga edukasion.
- Ubbing a narisgo ti situasionda a mabalina a mangapekar iti panagrang-ay ken panagsursuroda.

Nawayaka a mangiraman iti dadduma pay nga impormasion a kayatmo a maikonsiderar bayat a madama a marepaso daytoy nga aplikasion.

DAGITI MAKALIKAGUMAN A DOKUMENTO

Dagiti dokumento a masapul nga ipasam tapno maiproseso ti aplikasionmo. #1 – 4 ket makalikaguman iti AMIN nga aplikasion.

1. Nakompleto nga aplikasion ti EOEL nga adda pirma ti **nagannak/legal a paraaywan.**
2. Ti **birth certificate wenno pasaporte** ti ubing/aplikante.
3. **Awanan pagtaengan wenno awanan permanente a pagyanan:** kompletuen ti form a “Questionnaire to Determine Eligibility MV1” (kitaen ti p. 11).
4. **Dokumentasion ti sueldo ti kada nagannak/legal a paraaywan a nailista (kitaen ti p. 9)*:** 2022 Signed Federal Income Tax Return Form 1040 (dua a panid) **WENNO** ti dokumentasion ti DHS Verification.
* Dagiti pannaka-nagannak ket saan a makalikaguman a mangipaay iti dokumentasion ti sueldoda.
5. **Dagiti serbisio ti IDEA (espesial nga edukasion) a mangipaay iti gagangay nga edukasion para iti espesial a pannakaisuro:** Pangngaasim ta pakaammua ti opisina ti eskuelaan tapno maikkanda ti EOEL kadagiti mayanatup a dokumento.
6. **Panangaywan dagiti pannaka-nagannak:** dokumentasion manipud Department of Human Services.
7. **Panangampon wenno legal a paraaywan:** nadumaduma a legal a dokumento ken posible a kanayonan a dokumento.
8. **Dadduma a Narisgo a Situasion:** makalikaguman dagiti kanayonan a dokumento. Pangngaasim ta kontakem ti opisina ti eskuelaanyo.

Impormasion ti ubing

Impormasion maipapan iti UBING.

Nagan ti ESKUELAAN a pagaplayan

Legal a nagan ti ubing

Petsa a nayanak

Sekso

Ania ti **damo a lengguahe a nasursuro** ti ubingmo? _____

Ania ti **lengguahe a masansan a mausar** iti pagtaengan? _____

Ania a lengguahe ti **kanayon nga us-usaren** ti ubingmo? _____

Adres a paggigianan (numero ken kalsada)

Ciudad/ili, estado, ken ZIP code

Adres a pangawatan iti koreo (no naiduma iti adres a paggigianan)

Ciudad/ili, estado, ken ZIP code

Impormasion ti Umuna a Nagannak/Legal a Paraaywan

Impormasion maipapan iti umuna a nagannak/legal a paraaywan a responsable iti ubing.

| | | |
|--|------------------|---|
| Legal a nagan ti umuna a nagannak/legal a paraaywan | | Relasionna iti ubing: <input type="checkbox"/> Nagannak <input type="checkbox"/> Paraaywan <input type="checkbox"/> Pannaka-Nagannak <input type="checkbox"/> Sabali Pay: _____ |
| Estado kas individual: <input type="checkbox"/> Awanan Asawa <input type="checkbox"/> Naasawaan <input type="checkbox"/> Diborsiado <input type="checkbox"/> Nakisina <input type="checkbox"/> Balo | | Estado ti pagtrabahuan: <input type="checkbox"/> Nayempleo <input type="checkbox"/> Di nayempleo |
| Adres a paggigianan (numero ken kalsada) | | Siudad/ili, estado, ken ZIP code |
| Adres a pangawatan iti koreo (no naiduma iti adres a paggigianan) | | Siudad/ili, estado, ken ZIP code |
| Telepono ti pagtaengan | Numero ti selpon | Kanayonan a numero ti telepono |
| Pakiusar mo daytoy nga pagtuladan tapno kumpletwen iti aplikasyon iti Ingles. | | |
| Email | | |

Impormasion ti Maikadua a Nagannak/Legal a Paraaywan

Impormasion maipapan iti maikadua a nagannak/legal a paraaywan a responsable iti ubing.

Di Agaplikar (if checked leave this box blank)

| | | |
|--|------------------|---|
| Legal a nagan ti maikadua a nagannak/legal a paraaywan | | Relasionna iti ubing: <input type="checkbox"/> Nagannak <input type="checkbox"/> Paraaywan <input type="checkbox"/> Pannaka-Nagannak <input type="checkbox"/> Sabali Pay: _____ |
| Estado kas individual: <input type="checkbox"/> Awanan Asawa <input type="checkbox"/> Naasawaan <input type="checkbox"/> Diborsiado <input type="checkbox"/> Nakisina <input type="checkbox"/> Balo | | Estado ti pagtrabahuan: <input type="checkbox"/> Nayempleo <input type="checkbox"/> Di nayempleo |
| Adres a paggigianan (numero ken kalsada) | | Siudad/ili, estado, ken ZIP code |
| Adres a pangawatan iti koreo (no naiduma iti adres a paggigianan) | | Siudad/ili, estado, ken ZIP code |
| Telepono ti pagtaengan | Numero ti selpon | Kanayonan a numero ti telepono |
| Email | | |

Serbisio iti Nasapa a Panangisuro (Early Head Start)

para iti Pannakayanak agingga iti Edad 3 a Tawen ken Dandanin
Agpasngay nga Inna

Interesadoak kadagiti serbisio ti Early Head Start para iti maladagak/agkaradapen nga anakko ken/wenno kaniak.

Laglagipem: Ti Early Head Start ket SAAN a paset ti EOEL Public Pre-K Program. Imanmanehar dayta dagiti maponpnduan a pribado nga ahensia iti di nangina a singir wenno libre kadagiti familia. Babaen ti tsek/markak iti kahon iti ngato, umanamongak a mangted iti impormasion a pakakontakak iti Early Head Start.

Your 'Ohana Programs (Ibibilisita iti Pagtaengan)

para iti Pannakayanak agingga iti Edad 5 a Tawen ken Dandanin
Agpasngay nga Inna
(www.yourohana.org)

Interesadoak iti Your 'Ohana Programs para iti pamiliak, keiki, ken/wenno kaniak.

Laglagipem: Ti Your 'Ohana programs ket SAAN a paset ti EOEL Public Pre-K Program. Dagitoy a programa ket suportado ti Department of Health ken maipapaay a libre kadagiti familia. Babaen ti tsek/markak iti kahon iti ngato, umanamongak a mangted iti impormasion a pakakontakak iti Your 'Ohana programs.

PIRMA (masapul)

Pangngaasim ta basaem, sa **PIRMAAM** ken petsaam ti aplikasionmo.

Patalgedak a dagiti impormasion a naikabil iti daytoy nga aplikasion ken kadagiti mangsuporta a dokumento ket kompleto ken agpayso sigun iti pannakaammok. Umanamongak a mangted iti kanayonan nga impormasion ken dokumento no makiddaw tapno makompleto ti aplikasionko.

Pirma ti umuna a nagannak/legal a paraaywan

Petsa

Pirma ti maikadua a nagannak/legal a paraaywan (no agaplikar)

Petsa



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2023 – 2024 ⁽¹⁾

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.

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