



Opij eo an Early Learning (EOEL) Būrookraam  
in Prekindergarten an Kien

# Application im Pepa ko Jet

## liõ in Jikuu| 2023-2024

Jikuu| ko an DOE me rej Bōk Kuṇaer

Jilkintok juon application im pepa ko jet mōttan edede|ok kanni ñan kajojo jikuu| ko kwōj itoklimo kaki.

**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 • Kapālana Elementary • Keolu Elementary • Likelike Elementary • Linapuni Elementary • Nānāikapono Elementary • Nānākuli Elementary • Pālolo Elementary • Pu'uhale Elementary • Waiāhole Elementary • Waialua Elementary • Wai'anae Elementary • Waimānalo Elementary and Intermediate

NEW DOE Schools SY 23-24: Blanche Pope Elementary • Fern Elementary • Honowai Elementary • Ka'ewai Elementary • Lincoln Elementary • Sunset Beach Elementary • Wahiawā Elementary



**Opij eo an Early Learning (EOEL) Būrookraam in Prekindergarten an Kien  
Men ko Aikuji Ñan Deloñe Būrookraam in im Mejele ko  
kõn Application  
Iiõ in Jikuu! 2023-2024**

Kompmool kõn am itoklimo kõn EOEL Būrookraam in Prekindergarten an Kien. Jouj im riiti mejele kein ijin ilal bwe kwõn jeja kõn ta ko aikuji ñan deloñe būrookraam in, ta ko aikuji ikijien application eo, im kilen jerbale in kalikkar ñe emaroñ deloñ im kilen kaddeloñ eät.

**Ajri eo nejū emaroñ ke pād ilo būrookraam in?**

**Children must be age three or four on or before July 31 of the current school year.** Ñan iiõ in jikuu! 2023-2024, ajri ro raar lotak ikõtaan 0kwõj 1, 2018 – Juļae 31, 2020 remaroñ deloñ ilo būrookraam in. Koba ippān aikuj in kõn iiõ, jouj im lale wāween ko emaroñ kõmõkajkaje deloñe būrookraam in ilo p. 3 (Ewi wāween an ajri ro maroñ deloñe būrookraam in?).

**Ñeet komaroñ jilkinlok application ko?**

Komaroñ jilkinlok application ko ñan jikuu! ko jino ilo Maaj 1, 2023 (June 1, 2023 for NEW DOE Schools). Jouj im jelā bwe application ko raikuj itok ippān aolep pepa im men ko jet aikuji bwe ren maroñ etale ñe emaroñ deloñ. Pepa ko eaar jab dedelok kanni naaj bar kõroqoli im aikuj naaj bar jilkinlok ak kõjeplaakilok aolepeer.

**Jete oran ajri rej pād ilo juon classroom?**

Lõñtata rijikuu! rej kadeloñe ilo kajojo kilaa ej ekkar ñan joñan kilepen lowaan ruum in jikuu! eo ak jete square ne in lowaan classroom eo. Ijoke, ewõr ejjab lõñlok jān 20 rijikuu! ilo kajojo kilaa. (Emaroñ oktan joñan kobban juon kilaa ekkar ñan aikuj eo ñan kõjparok ājmour im jokwane eo an ajri ro im rijerbal ro me emaroñ waļok jān wāween ko kar jab kõtmāne bwe renaaj waļok. Kajjitõk ippān jikuu! eo kwõj apply ñane ikijeen jabdewõt mejele ko rekāāl.)

Āinwõt ke eiit ruum repeļlok, jej rōjañ baamle ko bwe ren kadedelok kanne im jilkinlok application eo im pepa ko jet aikuji ilo iien eo emõkajata.

**Jikuu! ta eo inaa jilkinlok application eo im pepa ko jet aikuji ñane?**

Kadedelok kanne im jilkinlok application eo epād ijin koba ippān pepa ko jet aikuji ñan jikuu! eo kwokõnaan bwe ajri eo nejūm en jikuu! ie (lale laajrak in jikuu! ko ilo peij 7-8).

Atreej in imõn jokwe eo ejjab menin aikuj ilo EOEL Būrookraam in Prekindergarten an Kien. Ijoke, naaj kõmõkajkõj ajri ro rej apply ñan jikuu! ko aer ekkar ñan ia eo imõn jokwe ko aer repād ie. Ajri ro rein me rej jokwe ilowaan atreej ko ak ijoko emõj karõki ñan jikuu! eo. Kepaak ak kūrlok jikuu! eo epaaktata in lale eļaññe baamle eo am ej jokwe ilowaan atreej ak ijoko emõj karõki ñan jikuu! eo.

**Ta ko iaikuj jilkinlok ñan jikuu! eo?**

Pepa ko ededelok kanni ekoba aolep pepa ko rej elaaajak ilo peij 9 (Checklist in Application eo). Ejjeļok application naaj bõke eļaññe ejako aolep pepa ko jet aikuji ippān. Jouj im kab bar likūt juõn kilin leta emõj am je address eo am ie, im stamp e kadede, ilo kajojo pepa in application.

Ewi wāween bwe ajri ro ren maroñ pād ilo būrookraam in?

Koba ippān aikuj eo kōn joñan iiō, naaj kōmōkajkaje ajri ro rej pād ilo wāween kein ekoba, im ejjab ñan wōt, juōn ak elōñļok iaan men kein rej elaaajak ijin ilaļ:

- Ajri ro remaroñ bōk **jerbal im jipañ ko ilo special ed** iumwin Kakien eo etan Individuals with Disabilities Act (IDEA) ) im raikuj jikuul ippān rijikuul ro jet (general education placement).
- Ajri ro ilo **foster care**.
- Ajri ro rej pād ilo an **ejjeļok aer imōn jokwe ak pād ilo jikin jokwe ko rejjab koņ**.

“Ejjeļok imōn jokwe” meļeļein armej ro me ejjeļok juon jikin ealikka, im emman ñan an armej kiki in boñ im jokwe ie (ekkar ñan meļeļein naan in ilo section 42 USCS §11302(a)(1)) im ekitbuuj:

- **Ejjeļok jikin kōppād:** Ejjeļok juon jikin an etal im pād ie in boñ im ej jokwe ilo juon jikin camp, ilowaan juon wa, iturin lojet/park, juon em kar kōmakūt armej jāne, iturin iial, ak jabdewōt jikin jokwe ko rejjab emman ñan jokwe.
- **Shelter:** Ej jokwe ilo juon jikin ko ilo iien idiñ, shelter ko ñan jokwe iumwin jidik iien ak ñan ro rej kōkkure im man er ilo baamle.
- **Hotel/Motel:** Ej jokwe ilo juon hotel ak motel kōn an ejjeļok bar juon jikin ebwe ñan an jokwe ie, **ejjab koba**

- Ajri ro me rej **katak ruo ak elōñļok kajin ko**.
- Ajri ro rej iion im waļok ñan er **wāween ko rekauwōtata** im remaroñ jelōt aer ekkatak im eddōkļok.
- Baamle ko kōļļā ko aer ilo juōn iiō/allōñ me **Kōļļā Ko An Baamle eo Mokta jen Omom ko epād ilo ak ilaļin 300%** in Joñak ko an Federal Ñan Ebbōk Jipañ ñan Rijerata (Federal Poverty Guidelines) AK rej bōk jāñ in jipañ (Temporary Assistance for Needy Families) (**TANF**) im/ak Food Stamp (Supplemental Nutrition Assistance Program) (**SNAP**).

Oran Armej ilo Baamle eo	Łaptata Juon Allōñ Kōļļā ko Mokta jāñ Omom ko*	Łaptata Juon liō Kōļļā ko Mokta jāñ Omom ko*
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% in Joñak ko an Federal Ñan Ebbōk Jipañ ñan Rijerata (Federal Poverty Guidelines) (FPG) ñan Hawai'i ilo Jānwōde 2023.

### Ñan pepa ko rej tōprakļok jab ruṃwijiļok jān June 30, 2023 (July 31, 2023 for NEW DOE Schools).

- Ajri ro rej apply ñan jikuuļ eo aer ekkar ñan atreej in iṃōn jokwe eo aer (me rej jokwe ilowaan atreej ak ijoko eṃōj karōke ñan jikuuļ eo) rej deloñe jikuuļ eo ekkar ñan iien eo application eo ededeļok kanne im aolep pepa ko jet aikuji raar tōprakļok ilo jikuuļ eo.
- If space is still available after June 30th (July 31st for NEW DOE Schools), non-home school students are then enrolled in the order in which complete packets are received by the school.
- Jikuuļ ko renaaj ijilōkļok leta in kwaļok ke remaroñ deloñe jikuuļ eo ak rejjab maroñ deloñ ñan jinen im jemān/ro court eaar jitōñ er bwe ren bōk eddoin ajri (legal guardian ro). Leta kein rej kwaļok ejaññe remaroñ deloñe jikuuļ eo renaaj jiroñļok jinen im jemān/ro court eaar jitōñ er bwe ren bōk eddoin ajri (legal guardian ro) bwe ren etal in kadeloñ etan ajri eo nejier ilo opij eo an jikuuļ. Pepa ko aikuji ñan kadeloñ etan rijikuuļ eo raikuj dedeļok kanni im jilkinļok ñan jikuuļ eo mokta jān raan eo kein kajuōn in an ajri eo jikuuļ.

### Ñan pepa ko raar tōprakļok jino jān July 3, 2023 (August 1, 2023 for NEW DOE Schools)

- Ruum ko repeļļok rej kanni pedped wōt ioon ñeet eo application ko ededeļok kanni im aolep pepa ko jet aikuji raar tōprakļok ilo jikuuļ eo. Ilo bar juon wāween ba, jino jān July 3rd (August 1, 2023 for NEW DOE Schools), ejjeļok ajri naaj kōṃōkajkajeļok mokta jān bar jet ñe rej apply ñan jikuuļ ko aer ekkar ñan atreej in iṃōn jokwe ko aer.
- Jikuuļ ko renaaj ijilōkļok leta in kwaļok ke emaroñ deloñe jikuuļ eo ak ejjab maroñ deloñ ñan jinen im jemān/ro court eaar jitōñ er bwe ren bōk eddoin ajri (legal guardian ro) ñe ekkar. Leta kein rej kwaļok ke emaroñ deloñe jikuuļ eo renaaj jiroñļok jinen im jemān/ro court eaar jitōñ er bwe ren bōk eddoin ajri (legal guardian ro) bwe ren etal in kadeloñ etan ajri eo nejier ilo opij eo an jikuuļ. Pepa ko aikuji ñan kadeloñ etan rijikuuļ eo rej aikuj dedeļok kanni im jilkinļok ñan jikuuļ eo mokta jān raan eo kein kajuōn in an ajri eo jikuuļ.
- Ñe eobrak ruum, innem ro raar apply im jab deloñ naaj likūt er ilo liij in etan ro rej kōttar me an jikuuļ eo pedped ioon ñeet eo pepa ko rej tōprakļok. Jikuuļ ko renaaj ijilōkļok leta ñan jinen im jemān/ro court eaar jitōñ er bwe ren bōk eddoin ajri (legal guardian ro) in kōjeļaik er kōn aer pād ilo liij in ro rej kōttar.

### Elaññe naaj bōk ajri eo nejū bwe en pād ilo būrookraam in, ewi wāween jikeejuuļ eo an jikuuļ eo?

Jikeejuuļ eo an Classroom ko ilo EOEL Būrookraam in Prekindergarten an Kien ej pedped ioon jikeejuuļ in jikuuļ eo an DOE ilo juon iio in jikuuļ, ekkejellok ippān jikeejuuļ eo an kindergarten ilo juon raan. Ekkā, ak enañin aolep rej jino raan in jikuuļ ilo 8:00 am im jemļok ilo turinļok 2:00 pm. Ñan mejeļe ko kōn lukkuun awa in jikuuļ ko, jout im kepaak ak kūrļok jikuuļ eo kwōj apply ñane. Ñan etan jikuuļ ko im nōṃba ko aer lale peij 7-8 (EOEL Būrookraam in Prekindergarten an Kien ilo Jikuuļ ko an DOE).

### Ta kōn jikin lale ajri mokta im mōjin jikuuļ?

Ilo tōrein, ajri ro ilo EOEL Būrookraam in Prekindergarten an Kien rejjab maroñ pād ilo jikin lale ajri mokta ak mōjin jikuuļ me an rijikuuļ ro an DOE ilo kilaaj K-5/6.

### Ta kōn iial in itoitak ilo bus ko an rijikuuļ ro an DOE?

Ilo tōrein, ajri ro ilo EOEL Būrookraam in Prekindergarten an Kien rejjab maroñ uwe ilo iial in itoitak ilo bus ko an rijikuuļ ro an DOE ilo kilaaj K-5/6.

## Ebar wōr ke būrookraam ijellokin EOEL Būrookraam in Pre-K an Kien?

### EARLY HEAD START & HEAD START

Early Head Start (EHS) im Head Start (HS) rej būrookraam ko rej leʻoʻok jermal in jipaʻn ko ikijjeen ājmour, jeʻlāʻloʻkjen, jipaʻn ko ʻnān baamle im jermal ippān baamle ko im leʻoʻok mejele ko kōn jikin kappok jipaʻn ʻnān ajri ro ekkar ʻnān joʻnān kōʻlāʻ ak income ko aer. Jermal in jipaʻn kein rej liʻoʻki aolep raan ilo classroom ko (jimettanin-juon raan ak juon raan eieo) ak ilo iien loʻoʻok ko ʻnān imōn jokwe ko aolep wiik.

EHS ej jermal ippān kōrā ro rebōro, niʻniʻni im ajri ro redik im baamle ko aer. HS ej jermal ippān ajri ro ilo preschool im baamle ko aer.

Būrookraam ko me jimettanin-juon raan (8am-2pm) rej kōmmani ilo ejeʻloʻok oʻān ʻnān baamle ko, im būrookraam ko me juon raan eieo rej kōmmani kōn joʻnān oʻān ko remman. Ajri ro ewōr aer aikuj ko rejenoloʻok ak ewōr aer utamwe, im kab ajri ro rej pād ilo foster care ak rej pād ilo an ejeʻloʻok aer imōn jokwe naaj kōmōkajkaje er ilo būrookraam ko an EHS/HS.

ʻNān mejele ko jet ikijjeen Head Start im kab mejele ko kōn kilen tōpare er, ikijjeen būrookraam ko, jouj im etal ʻnān [peji eo an Hawaiʻi Head Start Collaboration Office](#) ilo website eo an EOEL.

### Būrookraam ko an YOUR ‘OHANA

Būrookraam ko an Your ‘Ohana rej būrookraam ko rej loʻoʻok imōn jokwe ko ʻnān lewaj jipaʻn ko ʻnān kwe im baamle ne am ikijjeen ājmour, eddōk im rūttoʻoʻok an ajri, im kōppojak ʻnān jikuuʻ. Katak kilen tōl baamle eo am bwe en ājmour im leʻoʻok ial in bōk jeraamman ko remmanloʻok im peʻloʻok ʻnān ajri ro nejūm ikijjeen an aolep iien loʻoʻok juon eo etijemlok im ejeʻlāʻ jermal.

Būrookraam ko an Your ‘Ohana rej leʻoʻok jermal in jipaʻn ʻnān kōrā ro rebōro, ajri ro redik me 0-5 aer iio, im baamle ko aer.

Būrookraam eo an Your ‘Ohana ej leʻoʻok jermal in jipaʻn ʻnān baamle ko rej jokwe ilo jikin kein me aer ZIP code kein. [Map ko rej lukkuun kalikar jikin kein ewōr jermal in jipaʻn ie](#) repād online ʻnān Oʻahu, Hawaiʻi Island, Maui County, im Kauaʻi.

Āneo	Jikin Ko Aer Zip Code kein (jikin ko jimettanin wōt ej bōk jipaʻn ko rej alikkar ilo jeje ko reaktak ak italics).
Oahu	<ul style="list-style-type: none"><li>• <b>Downtown/Kalihi: 96817, 96819</b></li><li>• <b>Wahiawa: 96786, 96789, 96857</b></li><li>• <b>Waiʻanae: 96792</b></li></ul>
Maui	<ul style="list-style-type: none"><li>• <b>96732, 96753, 96779, 96793</b></li></ul>
Hawaiʻi Island	<ul style="list-style-type: none"><li>• <b>E. Hawaii: 96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785</b></li><li>• <b>W. Hawaii: 96704, 96725, 96726, 96740, 96750</b></li></ul>
Kauaʻi	<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>
Lānaʻi	<ul style="list-style-type: none"><li>• <b>96763</b></li></ul>

Aolep būrookraam ko an Your ‘Ohana ejeʻloʻok oʻāer ʻnān baamle ko im rijermal ro ie rej volunteer. ʻNān mejele ko reʻaploʻok ikijjeen Your ‘Ohana, ekoba mejele ko kōn kilen tōpare er im wōn emaroʻn pād ie, etal ʻnān [Your ‘Ohana](#) website im jipede [“Enroll Today \(Kadeloʻn Etam Rainin\).”](#)

Komaroʻn bar lo mejele ko jet ikijjeen [būrookraam ko edik oʻāer im ko ejeʻloʻok oʻāer ʻnān jipaʻn ajri ro redik ilo aer eddōk im rūttoʻoʻok im jino ekkatak \(early childhood development and learning\)](#) ilo EOEL website eo.

**PEIJ IN KAR  
KÖM̃MAN BWE  
EN EJJEŁOK JEJE  
IE**

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

<b>Āneo</b>	<b>Jikuu </b>	<b>Talboon</b>	<b>Principal</b>
Hawai'i	Waimea Elementary	808-887-7636	Tammie Picklesimer
Kaua'i	Kīlauea Elementary	808-828-1212	Fig Mitchell
Maui	Hāna High and Elementary	808-248-4815	Christopher Sanita
	Wailuku Elementary	808-727-5500	Dr. Nikan Arapoff
O'ahu	Blanche Pope Elementary	808-259-0450	Francine Fernandez
	Fern Elementary	808-832-3040	Glen Miyasato
	Honowai Elementary	808-307-7100	Stacy Kawamura
	Ka'ewai Elementary	808-832-3500	Bert Carter
	Lincoln Elementary	808-587-4480	Jacqueline Ornellas
	Sunset Beach Elementary	808-307-1000	Eliza Elkington
	Wahiawā Elementary	808-622-6393	Sean Takashima

<b>EOEL Public Prekindergarten Program DOE Schools</b>			
<b>Āneo</b>	<b>Jikuu!</b>	<b>Talboon</b>	<b>Principal</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	



## Application Checklist

ñan Jinen im Jemån/Ro Court Eaar Jitõñ Er Bwe Ren Bõk Eddoin Ajri (Legal Guardian ro) (Iiõ in Jikuu! 2023-2024)

### Kappukõt kilen apply.

Bõk juõn kabe in Application eo im Aolep Pepa ko jet Aikuji jån jabdewõt iaan jikuu! ko an EOEL Bũrookraam in Prekindergarten an Kien ak download e juõn application jån [EOEL Public Pre-K Program](#) peij.

### Bõk mejeje in lale ñe kwõj apply ñan jikkul eo am ekkar ñan atreej in imõn jokwe eo am ke ak jaab.

Kepaak ak kũr!ok jikuu! eo in lale ñe kwõj jokwe ilo atreej ak ijõko emõj karõki ñan jikuu! eo (ilowaan atreej ak ijõko emõj karõki ñan jikuu! eo). Ejaññe kwonaaj kepaak ak kũr!ok er, kajjitõk pepa ta ko rej bõki ñan kein kaõoole atreej in imõn jokwe eo. Kõmman kabe in aolep pepa ko kajojo.

### Kõmman kabe in JUON (1) iaan pepa kein rej kaõoole iiõ eo an juõn armej me rej elaaajak ijin ila!:

- **Pepa in Lotak**, kabe eo jån opij eo an State Department eo an Health (pepa ko an hospital im pepa in kõmejeje ko ilo tukadu [rejjab](#) bõki)
- **AK Passport**

### Kadede!ok kanne im likũti form in “Kajjitok ko ñan Lale Ñe Juon Emaroñ Bõk Jipañ eo MV1 (Questionnaire to Determine Eligibility MV1)” (lale p. 11).

Kõmman kabe in iiet tata JUON (1) iaan pepa in kaõool kein rej elaaajak ijin ila! ñan kajojo iaan jinen ak jemån/eo court eaar jitõñe bwe en bõk eddoin ajri (legal guardian). Jouj im jelã bwe baamle ko rej apply ñan EOEL Bũrookraam in Prekindergarten an Kien rej aikuji letok pepa ko ikijeen jãån ko an kajojo iaan jinen ak jemån/eo court eaar jitõñe bwe en bõk eddoin ajri (legal guardian) me epãd etan ilo application eo.

- **Form 1463 eo an Department eo an Human Services (DHS) (Kajjitõk Mejeje ko (Request for Information)) – Kein Kaõoolin bõk jipañ ko ilo Bũrookraam in Food Stamp (Supplemental Nutrition Assistance Program) (SNAP) im/ak Jãån in Jipañ (Temporary Assistance for Needy Families) (TANF).**  
Bõk!ok form in ñan Department eo an Human Services (DHS) bwe rijerbal ro ren kadede!ok kanne. Kwonaaj aikuji kadede!ok am kanne DHS Form 1465 “Kõmãlim Kadiwõj!ok Mejeje ko (Consent to Release information)” im kõmãlim DHS bwe en kadiwõj!ok mejeje ko am ikijeen jipañ eo am kõn food stamp (SNAP) im/ak TANF. DHS emaroñ jujen le!ok mejeje ko aikuji ilo an kõjerbal DHS Form 1463 “Kajjitõk Mejeje ko (Request for Information)”. Jouj im lale peij 14 ilo pepa in application kein ñan kõmejeje ko re!ap!ok.
- **Pepa ko an opij jån DHS me rej kaõoole an juon maroñ bõk jipañ ko kõn Food Stamp (SNAP) im/ak Jãån in Jipañ (TANF)** me bõlen emõj am bõki kadede.
- **2022 Federal Income Tax Return eo emõj signi, Form 1040 (2 peij)**  
*Ju!ok aolep nõmba in social security ko.* Lale waanjoñak ko repãd ilo pepa in application ko.
- **Leta in Kaõool Kõn Ebbõk Jipañ (Benefit Verification Letter)** jån Opiij eo an Social Security (SSA) ñan kwa!ok kein kaõoolin kõj!ã jån SSI (Supplemental Security Income). Jet iien rej ña etan leta in “budget leta,” eo ej juon “leta kõn ebbõk jipañ,” juon “kein kaõoole joñan kõj!ã ak income,” ak juon “kein kaõoolin leta eo ej le!ok kõj!ã (award leta).” Lale waanjoñak eo epãd ilo pepa in application ko.
- **Kein kaõool kõn pãd ilo Foster Care** jån Department eo an Human Services.

### Kadede!ok kanne application eo.

Bõk juon kabe in application eo jån jabdewõt iaan jikuu! ko an EOEL Bũrookraam in Prekindergarten an Kien ak download juon application jån [EOEL Bũrookraam in Pre-K an Kien](#) peij.

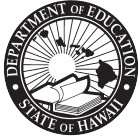
### Likũti juon kilin leta emõj am je address eo am ie, im stamp ie ilo kajojo application.

Jilkin!ok aolep pepa in application ko edede!ok kanni (ekoba application eo edede!ok kanne, signi im je raan eo im kabe in aolep pepa ko jet aikuji), ñan jikuu! eo kwõj apply ñane. Kõttar kõjje!ã eo naaj jilkinwaj ilo mail ikijeen ejaññe ajir eo nejũm emaroñ pãd ilo bũrookraam in.

**Jouj im lale bwe kwõn jilkin!ok aolep pepa in application ko edede!ok kanni, signi im je raan eo ie.  
Pepa ko eaar jab dede!ok kanni naaj kõrõpli im aikuji naaj bar jilkin!ok ak kõjeplaaki!ok aolepeer.**

**KAJJITÕK KO?** Kepaak ak kũr!ok jikuu! eo epaaktata ak EOEL ilo 808-784-5350 ak [EOEL.Info@eoel.hawaii.gov](mailto:EOEL.Info@eoel.hawaii.gov).

**PEIJ IN KAR  
KŌM̃MAN BWE  
EN EJJEḶOK JEJE  
IE**



## 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
--------------------------	----------------------------	----

**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

**PEIJ IN KAR  
KŌM̃MAN BWE  
EN EJJEḶOK JEJE  
IE**

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

Someone can claim:  You as a dependent  Your spouse as a dependent

**Standard Deduction**  Spouse itemizes on a separate return or you were a dual-status alien

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

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

If more than four dependents, see instructions and check here

**Income**

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a
b	Household employee wages not reported on Form(s) W-2	1b
c	Tip income not reported on line 1a (see instructions)	1c
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e	Taxable dependent care benefits from Form 2441, line 26	1e
f	Employer-provided adoption benefits from Form 8839, line 29	1f
g	Wages from Form 8919, line 6	1g
h	Other earned income (see instructions)	1h
i	Nontaxable combat pay election (see instructions)	1i
z	Add lines 1a through 1h	1z
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRA distributions	4a
5a	Pensions and annuities	5a
6a	Social security benefits	6a
c	If you elect to use the lump-sum election method, check here (see instructions)	7
8	Other income from Schedule 1, line 10	8
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9
10	Adjustments to income from Schedule 1, line 26	10
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12
13	Qualified business income deduction from Form 8995 or Form 8995-A	13
14	Add lines 12 and 13	14
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15

Attach Sch. B if required.

**Standard Deduction for:**

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

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

**KEEMEMEJ IN KAB...**

- Joļok AOLEP nōmba in social security ko bwe jen jab loi.
- Jilkintok AOLEP peij ko ilo **2022 Federal Income Tax Return, Form 1040** eo eņōj signi (2 peij – āinwōt an waļok ijin)
- **Naaj bōk wōt 2022 Federal Income Tax Return, Form 1040 (2 peij) eo me eņōj signi.**

**Signi im je raan eo ilo kabe eo kwaar jilkinļok ñan jikuul eo**

Ejañņe komij file ippān doon ak filing jointly, jinen im jemān jimor/eo (ro) court eaar jitōñe bwe en bōk eddoin ajri raikuj sign ijin.

Form 1040 (2022) Page **2**

**Tax and Credits**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16
17	Amount from Schedule 2, line 3	17
18	Add lines 16 and 17	18
19	Child tax credit or credit for other dependents from Schedule 8812	19
20	Amount from Schedule 3, line 8	20
21	Add lines 19 and 20	21
22	Subtract line 21 from line 18. If zero or less, enter -0-	22
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23
24	Add lines 22 and 23. This is your <b>total tax</b>	24

**Payments**

25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2022 estimated tax payments and amount applied from 2021 return	26
27	Earned income credit (EIC)	27
28	Additional child tax credit from Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Reserved for future use	30
31	Amount from Schedule 3, line 15	31
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8868 is attached, check here <input type="checkbox"/>	35a
b	Routing number	
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number	
36	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	36
37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37
38	Estimated tax penalty (see instructions)	38

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes, Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_

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

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

Firm's name \_\_\_\_\_ Phone no. \_\_\_\_\_

Firm's address \_\_\_\_\_ Firm's EIN \_\_\_\_\_

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

## Kein Kaʻool kōn Jipañ ko Bōki jǎn Būrookraam in Jǎän in Jipañ (Temporary Assistance for Needy Families) (TANF) & Food Stamp (Supplemental Nutrition Assistance Program) (SNAP)

Pepa ko ikijjeen jǎän in jipañ ko kōn Food Stamp (SNAP) im/ak TANF aikuj wōr men kein ijin ila| ie:

- Aikuj wōr kein kaʻoolin jipañ ko bōki kōn Food Stamp (SNAP)/TANF ñan **kajojo iaan jinen ak jemǎn/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian) me epǎd etan ilo application eo im ej bōk jipañ kein.**

Waanjoñak: A ej jinen ak jemǎn im B ej jinen ak jemǎn im epǎd etaerro jimor ilo Application in EOEL ñan Prekindergarten an Kien. Erro jimor rej bōk jipañ ko kōn Food Stamp (SNAP). Kōn menin, kōm naaj aikuji pepa ko jǎn DHS ikijjeen Food Stamp (SNAP) ñan Jinen im jemǎn jimor A & B.

- Kein kaʻool eo ej aikuj kwa|ok me|e|e ko kōn jipañ ko bōki kiō (jipañ ko bōki ilo allōñ in kiō im jipañ ko ñan allōñ ko ilju im jeklaj).
- Etan AOLEP ro uwaan Rimweo (rūtto ro im ajri ro) me rej bōk jipañ kein.

Komaroñ letok pepa in kōme|e|e ko ikijjeen jǎän ilo am kōjbal wāween kein rej wa|ok ijin ila|:

- Pepa ko an opij eo an DHS me rej kaʻool eo an juon maroñ bōk jipañ ko kōn Food Stamp (SNAP) im/ak TANF me emōj am bōlen bōki kadede
- “DHS 1463: Kajjitōk Me|e|e ko (Request for Information)” form eo caseworker eo eaar kanne
- Pepa ko print i jǎn DHS PAIS system - <https://pais-benefits.dhs.hawaii.gov/>
- Kōm maroñ kajjitōki pepa in kōme|e|e ko jet ilo iien eo kōmij kōmmane jermal in etale eo.

E|aññe kwōj kōjrbale form “DHS 1463: Kajjitōk Me|e|e ko (Request for Information)”, lale buñten ne ko ijin ila|:

1. Kanne “**DHS 1465: Mǎlim nan Kadiwōj|ok Me|e|e ko (Consent to Release Information)**”. Kōlaajrak me|e|e ko aikuji ilo form eo.
2. Etal ñan opij ak center eo an DHS me ej jembali pepa kein im bōk|ok ippam|ok **DHS 1465** form eo edede|ok kanne im eo e|e|ok je|e ie ak kar jab kanne “**DHS 1463: Kajjitōk Me|e|e ko (Request for Information)**” form eo ñan an caseworker eo kanne
3. Jilkin|ok form in emōj kanne “**DHS 1463: Kajjitok Me|e|e ko (Request for Information)**” im pepa in me|e|e ko jet (e|aññe ekkar) ñan Opij eo an Jikuu|.

**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

**PEIJ IN KAR  
KÖM̃MAN BWE  
EN EJJEŁOK JEJE  
IE**



### 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)

**PEIJ IN KAR  
KŌM̃MAN BWE  
EN EJJEḶOK JEJE  
IE**

# Sample Online Benefit Verification Letter



**Social Security Administration**  
**Benefit Verification Letter**

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

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

**Income Payments**

l Security Income payment

to month if income or living

paid the month they are due.

Payments for March are paid in

rules on September 30, 1993.

**Payment Information**

abled individual.

12, 1966.

edicare beginning March 1996.

edicare beginning March 1996.

R. FOR DEMONSTRATION

ector General's Fraud Hotline at

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

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

**Kömmeleje:**  
**Kö||ã ak income eo wõt jãn SSI**  
**(Supplemental Security Income) ej**  
**ekkar ñan wãween ko rej kãmõkajkaj**  
**jerbale juon application.**

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

**PEIJ IN KAR  
KŌM̃MAN BWE  
EN EJJEŁOK JEJE  
IE**



# Application eo an Oprij eo an Early Learning (EOEL) Būrookraam in Prekindergarten an Kien ñan Iiō in Jikuuļ 2023 – 2024 (M)

## JOÑAN IIŌ KO REMAROŃ DELOŃE BŪROOKRAAM IN & WĀWEEN KO KŌMŌKAJKAJI MOKTATA

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

Ñan iiō in jikuuļ 2023 - 2024, raan in lotak eo an ajri eo nejūm aikuj **ilo ak kōtaan Ọkwōj 1, 2018 – Julae 31, 2020.**

Koba ippān aikuj in kōn joñan iiō, naaj kōmōkajkaje ajri ro rej pād ilo juon ak elōñļok iaan wāween kein rej elaaajak ijin ilaļ. Jouj im kwaļoke ta iaan wāween kein naaj kāālōti moktata me kwōj tōmak ekkar ñan wāween eo komiro ajri eo nejūm ej pād ie. Jouj im keememej bwe emaroñ bar wōr pepa ko jet naaj aikuj. EOEL enaaj bōki im etali meļeļe kein im pepa ko jet ilo iien eo ej etale application in.

Jāāke aolep men ko rekkar:

Ajri ro rej pād ilo an **ejjeļok aer imōn jokwe ak pād ilo jikin jokwe ko rejjab koņ**

Baamle ko kōļļā ak income ko aer ilo juon iiō/allōñ me **Kōļļā ak Income eo an Baamle eo Mokta jān Omom ko epād ilo ak ilaļin 300%** in Joñak ko an Federal Ñan Ebbōk Jipañ ñan Rijejara (Federal Poverty Guidelines) (lale tebōl eo ilo peij 3 in pepa in application ko) **AK** rej ebbōk Jāān in Jipañ (Temporary Assistance for Needy Families) (**TANF**) im/ak Food Stamp (Supplemental Nutrition Assistance Program) (**SNAP**).

Ajri ro ilo **foster care.**

Ajri ro me rej **katak ruo ak elōñļok kain kajin.**

Ajri ro emōj lo im kalikkar er bwe raikuj kilen katakin im kōmeļeļe ko rejenoļok ñan er kōnke ewōr aer aikuj ko rejenoļok/utamwe in ānbwin ak kōļmānļokjeñ (**IDEA-Kakien eo etan Individuals with Disabilities Act**, Jerbal in Jipañ ko an Special Ed) ilo aer pād im jikuuļ ippān rijikuuļ ro jet (general education placement).

Ajri ro rej iion **wāween ko rekawōtata** me remaroñ jelōt aer ekkatak im eddōkļok.

**Jouj im jab mijak in kobaik meļeļe ko jet kwonaaj kōñaan bwe kōmin ļōmņak kaki ilo iien eo kōmij etale application in.**

## PEPA KO AIKUJI

Pepa ko kwōj aikuj liļoki bwe application eo aņ en maroñ wōnņaanļok ñan aer etale im jerbale.

**#1 – 4 rej menin aikuj ñan AOLEP application.**

- Application in EOEL eo ededeļok kanne im epād sign eo (ko) an **jinen ak jemān (jinen im jemān)/eo ak ro court eaar jitōñe er bwe ren bōk eddoin ajri (legal guardian ro).**
- Pepa in lotak ak passport **eo an ajri eo/eo ej apply.**
- Ejjeļok imōn jokwe ak jikin jokwe eo ejjab koņ:** kadedeļok kanne form in “Kajjitok ko Ñan Peke Eļaññe Emaroñ Bōk Jipañ MV1 (Questionnaire to Determine Eligibility MV1)” (lale p. 11).
- Pepa ko kōn kōļļā ak income eo an kajojo iaan jinen ak jemān/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian) (lale p. 9)\*:** 2022 Federal Income Tax Return Form 1040 me emōj signi (2 peij) **AK** Pepa in Kaņool ko an DHS.  
\*Foster parent ro rejjab aikuj letok pepa in kwaļok kōļļā ak income ko aer.
- Jerbal in jipañ ko an IDEA (special ed) ilo an ajri eo jikuuļ ippān rijikuuļ ro jet (general education placement)** im bōk katakin im kōmeļeļe ko rejenoļok ñane: Jouj im kōnnaanōk opij eo an jikuuļ eo bwe ren maroñ leļok ñan EOEL pepa ko rekkar im jimwe.
- Foster care:** pepa ko jān Department eo an Human Services.
- Kōkkaajiriri ak ijitōñ jān court ñan bōk eddoin ajri:** pepa ko jān court ak lawyer ro im emaroñ bar pepa ko jet.
- Wāween ko jet rej menin kauwōtata:** ebar wōr pepa ko jet aikuj. Jouj im kepaak ak kūrļok opij eo an jikuuļ eo aņ.

Meļeļe Kōn Ajri  
Meļeļe ko kōn AJRI eo.

**Jouj im kōjербal kein kajinet in ñan kadedelok ablikajon eo ilo Kajin Belle.**

Etan JIKUUļ eo apply ñane

Lukkuun etan ajri eo

Raan in lotak

Ladik ke ledik

Kajin eo ajri eo nejūm **eaar jino kōnono ke ej jino kōnnaan?** \_\_\_\_\_

Kajin ta eo **ekkā kōnono kake** ilo mweo imōmi? \_\_\_\_\_

Kajin ta eo **ekkā an ajri** eo nejūm kōjербale? \_\_\_\_\_

Atreej eo an imōn jokwe eo (nōmba im street)

City/town, state, im ZIP code

Atreej eo ñan ijilōkwaj mail (ñe eoktak jān atreej in imōn jokwe eo)

City/town, state, im ZIP code

**Mejele kōn Jinen ak Jemān eo Kein Kajuon/Eo Court Eaar Jitōñe Bwe enj Bōk Eddoin Ajri (Legal Guradian)**

Mejele ko kōn jinen ak jemān/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian) me ej an eddo lale ajri eo.

Lukkuun etan jinen ak jemān in kein kajuon/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian)	Kadkadin ñan ajri eo: <input type="checkbox"/> Jinen ak jemān <input type="checkbox"/> Eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian) <input type="checkbox"/> Foster <input type="checkbox"/> Ko jet: _____
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Rimare ke ejjab rimare: <input type="checkbox"/> Single <input type="checkbox"/> Rimare <input type="checkbox"/> Jepel <input type="checkbox"/> Jab jokwe ippān doon <input type="checkbox"/> Emej eo Pāleem	Rijerbal ke Ejjab Jerbal: <input type="checkbox"/> Jerbal <input type="checkbox"/> Jab jermal
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Atreej eo an imōn jokwe eo (nōm̄ba im street)	City/town, state, im ZIP code
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Atreej eo ñan ijilōkwaj mail (ñe eoktak jān atreej in imōn jokwe eo)	City/town, state, im ZIP code
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Talboon nōm̄ba in imōn jokwe eo	Nōm̄ba in cell phone	Talboon nōm̄ba eo juon
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Email atreej

**Mejele kōn Jinen ak Jemān eo Kein Karuo/Eo Court Eaar Jitōñe Bwe En Bōk Eddoin Ajri (Legal Guradian)**

Mejele ko kōn jinen ak jemān eo kein karuo/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian) me ej an eddo lale ajri eo.

 **Ejjab Ekkar** (If checked leave this box blank)

Lukkuun etan jinen ak jemān eo kein karuo/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian)	Kadkadin ñan ajri eo: <input type="checkbox"/> Jinen ak jemān <input type="checkbox"/> Eo ej bōk eddoin ajri (Guardian) <input type="checkbox"/> Foster <input type="checkbox"/> Ko jet: _____
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Rimare ke Ejjab rimare: <input type="checkbox"/> Single <input type="checkbox"/> Rimare <input type="checkbox"/> Jepel <input type="checkbox"/> Jab jokwe ippān doon <input type="checkbox"/> Emej eo pāleem	Rijerbal ke Ejjab jermal: <input type="checkbox"/> Jerbal <input type="checkbox"/> Jab jermal
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Atreej in imōn jokwe eo (nōm̄ba im street)	City/town, state, im ZIP code
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Atreej eo ñan ijilōkwaj mail (ñe eoktak jān atreej in imōn jokwe eo)	City/town, state, im ZIP code
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Talboon nōm̄ba in imōn jokwe eo	Nōm̄ba in cell phone	Talboon nōm̄ba eo juōn
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Email atreej

**Jouj im kōjerbal kein kajinet in ñan kadedelok ablikajon eo ilo Kajin Belle.****Jermal in Jipañ ko ilo Early Head Start**

ñan Niñniñ ej kab lotak ñan 3 liō Dettan im Mama ro Rebōrōro

**Būrookraam ko an Your 'Ohana (Lojok Imōn Jokwe eo)**ñan Niñniñ ej kab lotak ñan 5 liō Dettan im Mama ro Rebōrōro  
([www.yourohana.org](http://www.yourohana.org)) Ij itoklimo ilo jermal in jipañ ko an Early Head Start ñan niñniñ/ajri eo edik nejū im/ak ña make.

Kōmmejele: Early Head Start EJJAB mōttan EOEL Būrookraam in Pre-K eo an Kien. Ej pād iumwin oñaake eo an opij ko ejjab an kien me rej bōk aer jāān in jermal jān kien eo an federalkōn oñān ko remman ak ilo ejejlok oñān ñan baamle ko. Ilo aō jāāke/kōkaļleiki box eo ijin ilōñ, ij errā in lejok mejele ko kōn kilen tōpar ña ñan Early Head Start.

 Ij itoklimo ilo Būrookraam ko an Your 'Ohana ñan baamle eo aō, ajri eo nejū edik, im/ak ña make.

Kōmmejele: Būrookraam ko an Your 'Ohana REJJAB mōttan EOEL Būrookraam in Pre-K eo an Kien. Būrookraam kein rej mōttan jipañ ko rej pād iumwin Department eo an Health im rej lejok ñan baamle ko ilo ejejlok oñān. Ilo aō jāāke/kōkaļleiki box in ijin ilōñ, ij errā in lejok mejele ko kōn kilen tōpar ña ñan būrookraam ko an Your 'Ohana.

**SIGN IJIN (aikuj sign)**Jouj im riiti, innem **SIGN** im likūt raan eo ilo application eo aṃ.

Ij kiō kaṃool bwe mejele ko repād ilo application in im ilo pepa ko jet mōttan ñan rejetake relikio im ṃool ekkar ñan aō jelā im mejele. Ij errā in lewaj mejele ko jet im pepa ko jet eļaññe naaj kajjitōki ñan kadedelok application in aō.

Sign in etan jinen ak jemān eo kein kajuon/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guradian)	Raan
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Sign in etan jinen ak jemān eo kein karuo/eo court eaar jitōñe bwe en bōk eddoin ajri (legal guardian) (Eļaññe ekkar)	Raan
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# Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2023 – 2024 *(M)*

## 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