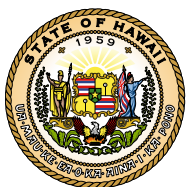




Executive Office on Early Learning
Public Prekindergarten Program

Application

School Year 2024-2025





Executive Office on Early Learning (EOEL)
Public Prekindergarten Program
 School Year 2024 – 2025

Application Packet

Participating Schools for 2024-2025

Submit a separate completed application packet to each school you are interested in.



O'ahu

- 'Aiea
- * 'Āina Haina
- * Ala Wai
- *Alvah Scott
- *Benjamin Parker
- **Blanche Pope
- Fern
- *Hahaione
- Haleiwa
- Honowai
- *Iliahi
- *Ka'ala
- Ka'ewai
- *Kahala
- Kailua
- *Kainalu
- Kalihi Uka
- Kapalama
- *Kauluwela
- Keolu
- *Koko Head
- *Lanakila
- *Leihokū
- Likelike
- Linapuni
- Lincoln
- *Leihokū
- Nānāikapono
- Nānākuli
- *Noelani
- Pālolo
- *Pearl City
- *Pearl Harbor Kai
- *Prince Jonah Kūhiō
- Pu'uhale
- *Red Hill
- *Solomon
- Sunset Beach
- Wahiawā
- Waiāhole
- Wai'anae
- Waialua
- Waimānalo



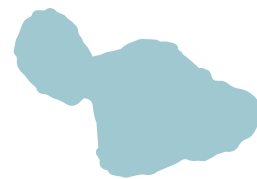
Hawai'i

- Chiefess Kapi'olani
- Hilo Union
- Hōnaunau
- Honoka'a
- Ho'okena
- *Kahakai
- Kea'au
- Keonepoko
- Kohala
- Konawaena
- Mountain View
- Nā'ālehu
- * Pa'auilo
- Pāhoa
- *Waimea



Kaua'i

- 'Ele'ele
- *Kapa'a
- Kekaha
- Kilauea



Maui

- *Ha'ikū
- Hāna
- Kīhei
- *King Kamehameha III
- Kula
- Pukalani
- * Princess Nahi'en'aena
- Wailuku



Lāna'i

- **Lāna'i



Moloka'i

- Kaunakakai
- Kilohana
- *Maunaloa

*Indicates new school for the 2024-2025 school year.

**Indicates both EOEL English and EOEL Hawaiian Language Prekindergarten programs available.

Eligibility Requirements and Application Information

School Year 2024-2025



Thank you for your interest in the EOEL Public Prekindergarten Program. Please read the following information to find out about the program's eligibility requirements, application requirements, and acceptance and enrollment processes.

Is my child eligible for this program?

Children must be age three or four on or before July 31 of the current school year. For school year 2024 - 2025, children born on or between August 1, 2019 - July 31, 2021 are eligible. In addition to the age requirement, please see areas of priority for acceptance into the program.

When can applications be submitted?

Applications can be submitted to schools beginning **March 1, 2024**. Please note that applications must be submitted in their entirety to be considered for eligibility. Incomplete packets will be returned and must be re-submitted in their entirety.

How many children are in each classroom?

The maximum number of students enrolled in each class is determined by the square footage of classroom space. However, each class is limited to no more than 20 students. (Class sizes may change to address health and safety needs of children and staff that arise from unexpected circumstances. Check with the school you are applying to for any updates.)

As space is limited, it is recommended that families submit the completed application and required documents as soon as possible.

Which school will I submit the application and required documents to?

Complete and submit the attached application along with the required documents to the school you would like your child to attend. A list of schools is attached.

A geographic exception is not required for the EOEL Public Prekindergarten Program. However, preference is given to children who are applying to their **home schools**. These are the children who live within the geographic boundaries of the school. Contact the nearest school to find out whether your family resides in the school's home school area.

What do I need to submit to the school?

A complete packet includes all documents listed in the "**Application Checklist**". An application will not be accepted without all the required documents. ***Please also attach a self-addressed, stamped envelope with each packet.***

How do children qualify for the program?

In addition to the age requirement, priority is provided to children whose situations include, but are not limited to, one or more of the following:

- Children who are eligible for **special education** services under the ***Individuals with Disabilities Act (IDEA)*** and require general education placement;
- Children who are **learning English as a second language**;
- Children in **foster care**;
- Children who are experiencing **homelessness or unstable housing**; (*See next page for definition of homeless*)
- Families with annual/monthly **Gross Family Income at or below 300% of the Federal Poverty Guidelines** OR who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**). (*See next page for income guideline chart*);
- Children who are **experiencing at-risk situations** which may impact their learning and development.

***Qualifying Household Income Guidelines**

Family Size	Maximum Monthly Gross Income*	Maximum Yearly Gross Income*
2	\$5,875	\$70,500
3	\$7,422	\$89,070
4	\$8,970	\$107,640
5	\$10,517	\$126,210
6	\$12,065	\$144,780
7	\$13,612	\$163,350
8	\$15,160	\$181,920
9	\$16,707	\$200,490
10	\$18,225	\$219,060

*300% of Federal Poverty Guidelines (FPG) for Hawai'i as of January 2024.

What is considered “Homeless” ?

“Homeless” means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) **and includes:**

Unsheltered: Has no regular place to stay at night and lives in a campground, car, beach/park, abandoned building, street, or any other inadequate living space.

Shelter: Lives in an emergency, transitional or domestic violence shelter.

Hotel/Motel: Lives in a hotel or motel due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing.

Doubled up: Lives temporarily with family or other persons due to loss of housing or as a result of economic hardship.

If my child is accepted into the program, what is the school schedule?

The EOEL Public Prekindergarten Program Classroom schedule is based on the DOE’s academic year schedule, aligning with the kindergarten full-day schedule. Typically, most school days start at 8:00 am and end around 2:00 pm. For more specific times, please contact the school you are applying to.

What about before and after-school care?

Currently, children in the EOEL Public Prekindergarten Program do not qualify for before or after-school care that is provided for DOE students in K-5/6.

What about DOE student bus transportation?

Currently, children in the EOEL Public Prekindergarten Program do not qualify for student bus transportation that is provided for DOE students in K-5/6.

Priority Category and Preference to Home School Dates

March 1 - May 31 : Priority categories within home school geographic region

June 1 - September 30 : Priority categories

October 1 - end of school year : Open enrollment

- For applications received between March 1 - May 31st, enrollment is awarded to students in the priority categories and applying within the home school geographic region. Notifications will be sent during the first week of June.
- For applications received between June 1 - September 30, enrollment (pending availability) is awarded to students in the priority categories and residing in any geographic region. Notifications will be sent during the first week of October.
- For applications received between October 1 - the end of the school year, enrollment (pending availability) is awarded to applicants on a first come first served basis. Notifications will be sent as applications are processed.

Schools will send letters of acceptance or denial to parents/legal guardians. Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.

Other programs that support children and families

EARLY HEAD START

Early Head Start (EHS) provides health, education, family support and family engagement services and resources to income-eligible children.

EHS serves pregnant women, infants and toddlers and their families. Services are provided daily in classrooms (part-day or full-day) or through weekly home visits.

Part-day programs (8am-2pm) are offered at no cost to families, and full-day programs are offered at affordable rates. Children with special needs, as well as children who are in the foster care system or who are experiencing homelessness, are given priority in the EHS programs.

YOUR 'OHANA Programs

Your 'Ohana programs are FREE and VOLUNTARY home visitation programs providing support to you and your family with health, child development, and school readiness. Learn how to guide your family's well-being through regular visits with a trained professional.

Your 'Ohana programs serve pregnant women, keiki from ages 0-5, and their families.

Your 'Ohana Program serves families residing in the following ZIP code areas. Detailed service area maps are available online for O'ahu, Hawai'i Island, Maui County, and Kaua'i.

Island	Zip Code Areas (partial coverage areas indicated in italics).
O'ahu	Downtown/Kalihi: <i>96817, 96819</i> Wahiawā: <i>96786, 96789, 96857</i> Wai'anae: 96792
Maui	96732, 96753, 96779, 96793
Hawai'i Island	E. Hawai'i: <i>96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785</i> W. Hawai'i: 96704, 96725, 96726, 96740, 96750
Kaua'i	<i>96705, 96741, 96756, 96765</i>
Moloka'i	96729, 96748, 96757, 96770
Lāna'i	96763

For more information about Your 'Ohana, including contact and eligibility information, go to the Your 'Ohana website and click "Enroll Today." You can also find information about other low to no-cost early childhood development and learning programs on the EOEL website.

Application Checklist

for Parents/Legal Guardians (School Year 2024-2025)

- _____ Obtain a copy of the Application Packet from any one of the EOEL Public Prekindergarten Program schools or download an application from the EOEL Public Pre-K Program page <http://earlylearning.hawaii.gov>

- _____ Find out if you are applying to your residential home school. If you are unsure, contact the school to find out if you reside within the geographic boundaries of the school. If you do, ask what documents are accepted for proof of residency. Make a copy of each document.

- _____ Make a copy of ONE (1) of the age-verifying documents listed below:
 - _____ **Birth Certificate**, official copy issued by State Department of Health (hospital documents, birth record and abstracts are not accepted)

 - _____ OR **Passport**

- _____ Complete and attach “Questionnaire to Determine Eligibility MV1” form.

- _____ Make a copy of at least ONE (1) of the following verification documents listed below for each parent/legal guardian. Please note that families applying to the EOEL Public Prekindergarten Program are required to turn in financial documentation for each parent/legal guardian listed on the application.
 - 2023 Signed Federal Income Tax Return, Form 1040 (2 pages) **Remove all social security numbers.**
 - Department of Human Services (DHS) Form 1463 (Request for Information)
 - Verification of Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) benefits.
 - Official documentation from DHS verifying eligibility of SNAP and/or TANF benefits that you may have already received.
 - Benefit Verification Letter from Social Security Administration (SSA) to show evidence of Supplemental Security Income (SSI) eligibility. This letter is sometimes called a “budget letter,” a “benefits letter,” a “proof of income letter,” or a “proof of award letter.”

- _____ Evidence of Foster Care from Department of Human Services.

- _____ Complete the application.

- _____ Attach a self-addressed, stamped envelope for each application.

- _____ Submit a complete packet (which includes a completed, signed and dated application and copies of all required documents), to the school where you are applying.

NOTIFICATION of program eligibility will be sent by mail to the address on the application.

**Please make sure you submit a completed, signed and dated application
Incomplete applications will be returned and must be re-submitted in their entirety.**

QUESTIONS? Contact the school you have applied to or EOEL at 808-784-5350 or EOEL.Info@eoel.hawaii.gov.



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2024 – 2025

AGE ELIGIBILITY AND PRIORITY CATEGORIES

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

For school year 2024-2025, your child's birthday must fall on or between **August 1, 2019 - July 31, 2021.**

Priority is given to children whose situations include one or more of the following listed below.

Identify the priority categories that you believe apply to you and your child's situation.

Please note that additional documentation is required.

Check all that apply:

- Children who are placed through their **individualized education programs** in a general education setting;
- Children who are **learning English as a second language**;
- Children who are in **foster care**;
- Children who are experiencing **homelessness or unstable housing**;
- Children whose **family income is no more than 300% of the federal poverty** level OR who receive Temporary Assistance for Needy Families (TANF) and/or Supplemental Nutrition Assistance Program (SNAP);
- 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. 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
4. **IDEA services (special education) with a general education placement.** *Please inform the school office so they can provide EOEL with appropriate documents.*
5. **Foster care:** Documentation from Department of Human Services.
6. **Income documentation for each parent/legal guardian listed:** 2023 Signed Federal Income Tax Return Form 1040 (2- pages) OR DHS Verification documentation. Foster parents are not required to provide income documentation.
7. **Adoption or legal guardianship:** Legal documents and possibly additional documents.
8. **Other at-risk situations:** Additional documents may be 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/State/ZIP Code

Mailing address (if different)

FIRST PARENT / LEGAL GUARDIAN

Information about the first parent/legal guardian responsible for the child.

First parent/legal guardian's legal name

Relationship to child:

Parent Guardian Foster Other_____

Marital Status

Single Married Divorced Separated Widowed

Employment Status:

Employed Unemployed

Residence Address

Number and Street,
City/State/ZIP Code

Mailing Address (if different)

Home Phone Number

Cell Phone Number

Additional Phone Number

Email Address

SECOND PARENT / LEGAL GUARDIAN

Information about the second parent/legal guardian responsible for the child.

Second parent/legal guardian's legal name

Relationship to child:

Parent Guardian Foster Other_____

Marital Status

Single Married Divorced Separated Widowed

Residence Address

Number and Street,
City/State/ZIP Code

Mailing Address (if different)

Home Phone Number

Cell Phone Number

Additional Phone Number

Email Address

Early Head Start Services

for birth to age 2 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 the families. By checking the box above I am agreeing to share my contact information with Early Head Start.

Your 'Ohana Programs (Home Visiting)

for birth to age 5 and expectant mothers

I am interested in Your 'Ohana Program 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 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 document 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 Signature

Date

Second Parent / Legal Guardian Signature

Date

Examples: 1040 Federal Income Tax Return

When submitting your 1040 with your application:

Remove ALL social security numbers from view.

Submit ALL pages of the signed 2023 Federal Income Tax Return, Form 1040 (2 pages as shown)

Only the Signed 2023 Federal Income Tax Return, Form 1040 (2 pages) will be accepted.

Form 1040 U.S. Individual Income Tax Return **2023** (OMB) No. 1545-0074 IRS Use Only—Do not write or staple in this space

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20

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

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____
 Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

Filing Status
 Single Head of household (HOH)
 Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Spouse itemizes on a separate return or you were a dual-status alien
 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.

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 Are blind Spouse: Was born before January 2, 1959 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
 Attach Form(s) W-2 here. Also attach Forms W-2g and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

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 2b	1e
1f	Employer-provided adoption benefits from Form 8839, line 6	1f
1g	Wages from Form 9919, line 6	1g
1h	Other earned income (see instructions)	1h
1i	Nontaxable combat pay election (see instructions)	1i
2	Add lines 1a through 1h	2
2a	Tax-exempt interest	2a
2b	Qualified dividends	2b
3a	IRA distributions	3a
3b	Ordinary dividends	3b
4a	Pensions and annuities	4a
4b	Taxable amount	4b
5a	Social security benefits	5a
5b	Taxable amount	5b
6a	Taxable amount	6a
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
8	Additional income from Schedule 1, line 10	8
9	Add lines 2, 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

Standard Deduction for—
 • Single or Married filing separately, \$13,850
 • Married filing jointly or Qualifying surviving spouse, \$27,700
 • Head of household, \$20,800
 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat No. 11200B Form 1040 (2023)

Form 1040 (2023) Page 2

Tax and Credits
 16 Tax (see instructions). Check if any from Form(s): 1 6814 2 4972 3 _____ 16
 17 Amount from Schedule 2, line 3 _____ 17
 18 Add lines 16 and 17 _____ 18
 19 Child tax credit or credit for other dependents from Schedule 8812 _____ 19
 20 Amount from Schedule 3, line 8 _____ 20
 21 Add lines 19 and 20 _____ 21
 22 Subtract line 21 from line 18. If zero or less, enter -0- _____ 22
 23 Other taxes, including self-employment tax, from Schedule 2, line 21 _____ 23
 24 Add lines 22 and 23. This is your total tax _____ 24

Payments
 25 Federal income tax withheld from:
 a Form(s) W-2 _____ 25a
 b Form(s) 1099 _____ 25b
 c Other forms (see instructions) _____ 25c
 d Add lines 25a through 25c _____ 25d
 26 2023 estimated tax payments and amount applied from 2022 return _____ 26
 27 Earned income credit (EIC) _____ 27
 28 Additional child tax credit from Schedule 8812 _____ 28
 29 American opportunity credit from Form 8863, line 8 _____ 29
 30 Reserved for future use _____ 30
 31 Amount from Schedule 3, line 15 _____ 31
 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits _____ 32
 33 Add lines 25d, 26, and 32. These are your total payments _____ 33

Refund
 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid _____ 34
 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here _____ 35a
 b Routing number _____ c Type: Checking Savings
 d Account number _____
 36 Amount of line 34 you want applied to your 2024 estimated tax _____ 36

Amount You Owe
 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions _____ 37
 38 Estimated tax penalty (see instructions) _____ 38

Third Party Designee
 Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No
 Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here
 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 _____ Date _____ Spouse's occupation _____
 Joint return? See instructions. Keep a copy for your records. _____
 If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only
 Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: Self-employed
 Firm's name _____ Firm's address _____ Phone no. _____ Firm's EIN _____

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2023)

Sign and date the copy submitted to the school.


If filing jointly, both parent(s)/legal guardian(s) must sign here.



Examples : Social Security Administration Benefit Verification Letter

Please Note: Only Supplemental Security Income (SSI) is applicable for priority category purposes.

Sample Online Benefit Verification Letter

 **Social Security Administration**

Date: January 30, 2013
Claim Number: XXX-XX-0000A

JANE DOE
456 ANYWHERE AVENUE
MAINTOWN, USA 11111-1111

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 2012, the full monthly Social Security benefit before any deductions is \$223.90. We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$223.00.
(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 fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2011 to November 2012, the full monthly Social Security benefit before any deductions was \$220.70. We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$220.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is May 29, 1949.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 800-000-0000. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
123 MAIN STREET
MAINTOWN, USA 11112-1111

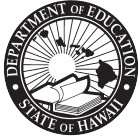
If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Social Security Administration



Securing today
and tomorrow

Social Security Administration
Publication No. 05-10552 | ICN 463256 | Unit of Issue — HD (one hundred)
August 2017 (March 2016 edition may be used)
The Fastest Way to Verify Social Security and Supplemental Security Income Benefits
Produced and published at U.S. taxpayer expense



475 22nd Avenue
Honolulu, Hawaii 96816
bit.ly/HILiaisons

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

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	Date of Birth	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 service providers, shelter, and school personnel to support immediate school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

Verification of Temporary Assistance for Needy Families (TANF) & Supplemental Nutrition Assistance Program (SNAP) Benefits

Financial documentation in the form of SNAP and/or TANF benefits needs to include the following:

- Verification of SNAP/TANF benefits is required for **each parent/legal guardian listed on the application who receives such benefits.**

Example: Parent A and Parent B are both listed on the EOEL Public Prekindergarten Application. Both of them are receiving SNAP benefits. Therefore, we would need DHS SNAP documentation for both Parents A & B.

- Verification should reflect current benefit information (current month benefits and benefits expected for future months).
- Names of ALL Household members (adults and children) receiving benefits.

Financial documentation may be provided through the following means:

- Official documentation from DHS verifying eligibility of SNAP and/or TANF benefits that you may have already received
- "DHS 1463: Request for Information" form filled out by caseworker
- Printouts from the DHS PAIS system - <https://pais-benefits.dhs.hawaii.gov/>
- Additional documentation may be requested during the review process.

If using the "DHS 1463: Request for Information" form, see steps below:

1. Fill out "**DHS 1465: Consent to Release Information**". List information needed on form.
2. Visit your DHS processing center bringing the filled-out **DHS 1465** form and the blank "**DHS 1463: Request for Information**" form for caseworker to fill out
3. Submit filled out "**DHS 1463: Request for Information**" form and additional documentation (if applicable) to the School Office.

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)

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