



**Preschool Open Door (POD) Enrollment Period
March 1, 2014 to April 30, 2014**

The Department of Human Services (DHS), Benefit, Employment and Support Services Division (BESSD) has begun accepting applications for the 2014-2015 Preschool Open Doors (POD) program. **The application period is March 1, 2014 to April 30, 2014.**

Children born between August 1, 2009 and July 31, 2010 are eligible to apply for the 2014-2015 POD year. Income eligibility limits apply (see below).

Monthly Gross Income Limits

| <u>Family Size</u> | <u>Gross Income Limits</u> |
|---------------------------|-----------------------------------|
| 1 | 2,755 |
| 2 | 3,718 |
| 3 | 4,680 |
| 4 | 5,643 |
| 5 | 6,605 |
| 6 | 7,568 |
| 7 | 8,530 |
| 8 | 9,493 |

The POD program helps eligible Hawaii families pay preschool fees for up to one year during the year prior to kindergarten entry. Priority enrollment goes to underserved or at-risk children whose families complete the POD Special Populations Referral form. The DHS 913A POD form is included in the POD application packet.

To be considered for the 2014-2015 POD year, **the POD office must receive your application by the April 30, 2014 deadline.** Applications post-marked, but not received by April 30, 2014, will not be considered.

Submitting an application does not guarantee acceptance into the POD program. The POD office will mail applicants notification of their application status, no later than May 30, 2014. Depending on your child's preschool start date, POD assistance may cover enrollment from July 1, 2014 through June 30, 2015.

If your family is selected, upon receipt of all required POD enrollment documents, including your selection of the preschool that meets your child's needs, your child will be enrolled. If you are not selected for the POD program, your application may be placed on a waiting list. These wait-listed applicants may be selected for future POD participation if funds become available.

The DHS administers the POD program in collaboration with the Executive Office on Early Learning (EOEL). For more information about POD, call (808) 791-2130 on Oahu, or toll free from the neighbor islands at (800) 746-5620.

Aloha,

PATCH
Preschool Open Doors
560 N. Nimitz Hwy, Ste. 218
Honolulu, HI 96817



Send to: PATCH – POD
560 N. Nimitz Hwy., Ste. 218
Honolulu, HI 96817

**PRESCHOOL OPEN DOORS
APPLICATION**

School Year 2014-15

Parent/Guardian: _____
Last First M.I.

Co-Parent/Co-Guardian: _____
Last First M.I.

Home Address: _____
No. & Street City Island Zip Code

Mailing Address: _____
(If different from above) No. & Street or P.O. Box City Island Zip Code

Telephone Numbers: _____
Home Work Other

Primary Language Spoken: _____ Interpreter Services Needed? YES NO
Complete and return attached DHS 5000 form

Email: _____

CHILD INFORMATION

Complete information on the child for whom you are applying:

Child's Name: _____ Child's Date of Birth: _____
Last First Middle Month Day Year

Is the child that you are applying for a foster child? No Yes If yes, attach the forms DHS 1591B & DSSH 1508.

FAMILY INFORMATION

Provide the following information for each family member now living in your home including the Parent/Guardian listed above and the child you are applying for. Do not list grandparents, aunts, uncles, and/or cousins unless you are the primary caretaker(s) for the child.

| LAST | FULL NAME MI FIRST | RELATIONSHIP TO CHILD | SEX (M or F) | BIRTHDATE | MARITAL STATUS | SOCIAL SECURITY NUMBER |
|------|-----------------------|--------------------------|-----------------|-----------|-------------------|---------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

List any additional household members on another sheet of paper and attach it to this application.

Total Family Size (Please only count those listed above and on any attachments): _____

SPECIAL POPULATIONS PRIORITY REFERRAL If your child has special needs, has environmental risk factors, is homeless, or has limited English-proficiency, a Special Populations Priority Referral Form must be completed. Your child will not be considered for a Special Populations Priority without a completed Special Populations Priority Referral Form.

Write the amount of each parent/guardian's monthly income in the boxes in the next section under "Source of Income"
Please provide 2 months of supporting documentation for ALL sources of income

FAMILY INCOME

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

| Source of Income | Amount Per Month | Amount Per Month |
|---|--|--|
| Wages/Salaries (before deductions) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) |
| DHS Financial Assistance | Pay Periods: <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Monthly (one time per month) |
| Net Income from Self-Employment* | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) |
| Child Support/Alimony | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) |
| Social Security/SSI Benefits | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) <input type="checkbox"/> Other (explain how often) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) <input type="checkbox"/> Other (explain how often) |
| Unemployment Insurance | Pay Periods: <input type="checkbox"/> Bi Weekly (every other week) | Pay Periods: <input type="checkbox"/> Bi Weekly (every other week) |
| Worker Comp/ TDI | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) |
| Veterans Benefits | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) |
| Other | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) | Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month) |
| Total income per parent/guardian: | | |
| Total income from other household members (and identify source): | | |

Total Monthly Income for **ALL** household members \$ _____

VERIFICATION SIGNATURE(S):

I hereby certify that all the information contained on this form is true and correct to the best of my knowledge. I submit this application with the understanding that I will give any additional information which may be needed and will allow the Department to verify my statements either with me or through other sources as necessary.

I fully understand and accept my responsibility to report changes in my situation including changes in my child care within 10 calendar days. Furthermore, I understand that if I fail to report changes and receive assistance to which I am not entitled, the amount of overpayment will be collected from me, and I may be prosecuted for fraud.

ELECTRONIC BENEFITS TRANSFER (EBT): I am responsible to report lost, stolen, or misused EBT cards immediately by calling the EBT toll-free customer service telephone number. I understand that there will be no replacement of any benefits accessed with an EBT card prior to the card being reported lost, stolen or misused. I am responsible to report immediately any changes in the status of my alternate payee. I understand there will be no replacement of any benefits accessed by alternate payees or any other individuals using an EBT card and a valid PIN. I understand that child care subsidies are included under DHS "cash assistance household" accounts, and that child care EBT benefits not withdrawn for ninety (90) days will be returned to the State. I understand that benefits that are returned to the State may be used to offset any outstanding debts that are still owed by my household. (HAR §§17-681-51, 17-681-52, and 17-681-56).

I understand that I have a right to request a case record review and administrative appeal if I do not agree with the Department's denial of my application for services.

Applicant Signature: _____ **Date:** _____

Co-applicant Signature: _____ **Date:** _____

(Signatures are REQUIRED from each parent/guardian living in the home and responsible for the child.)

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____
Worker: _____ Unit: _____
Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language: [] YES [] NO
2. [] I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:
[] I need an interpreter for the following language: _____
If you need an interpreter, go to part 3, and check the box that applies to you.
3. [] I want DHS to provide an interpreter at no cost to me.
[] I do not want an interpreter provided by DHS, and I will provide my own.
• I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
• I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
• I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.
• I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.
4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.
Print Name: _____
Signature: _____ Date: _____

C. Certification of Special Populations category(ies) the child qualifies for (To be completed by referring professional):

Description of child's Special Populations needs (details of confidential family information may be omitted):

I hereby certify that I am providing services and/or am familiar with the child and family, and in my professional capacity, I have determined that the child and family meet the above Special Populations category(ies) I have indicated.

Person making referral: _____ Title: _____

Agency/Office: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

| |
|--|
| For Preschool Open Doors staff only: DHS Interpreter Services requested: ___ YES ___ NO DHS 5000 form Dated: _____ is attached. |
|--|



Completing the REPORT OF SELF-EMPLOYMENT EARNINGS Form DHS 1273C

1. Begin filling out the form with number II. The information above number II is for Agency use only.
2. Checkmark items one (1) through seven (7) under number III.
3. Write the "Gross Self-Employment Income" next to number IV, and write in the additional information requested below.
 - a. Indicate at the top of the page which month of the two months you are reporting income on (there is no field for this, just hand write the month on the page).
4. Sign and date at the bottom of the page.

IMPORTANT- All income stated on the form requires verification for the month(s) stated on the form. For income verification you may submit one or more of the following;

- Copies of checks received.
- Profit and Loss statements
- Income statements from bookkeeping records.
- Monthly or Quarterly General Excise Tax statements (form G45).
- Contractors may submit statements from Employers for work or services provided.
- Business bank account statements that verify business income (must match what you are claiming on the 1273C form).
- (Taxi Drivers) Copy of trip book.

(Do not send Annual Income Tax Returns and W2 forms as income verification)

All expenses listed on the form must have copies of receipts to be counted against your gross income. Not all business expenses are determined as eligible expenses per Department of Human Services Hawaii Administrative Rules §§ 17-799-9(b)(18)(A)(iii), 17-799-9(b)(18)(A)(iv), 17-799-9(b)(18)(B)(ii), and 17-799-9(b)(18)(B)(iii), such as but not limited to the following examples; unallowable business expenses are personal expenses such as federal and state personal income taxes, money set aside for retirement purposes, entertainment expenses, and other personal work related expenses such as lunches and transportation cost to and from work.

5. Repeat steps 1 through 5 on the second Report of Self-Employment Earnings supplied with the application. *Two months* of income verification are required, one form for each month.

REPORT OF SELF-EMPLOYMENT EARNINGS

I. CASE NAME: _____ CASE NO.: _____

ANSWER ALL QUESTIONS BELOW FOR (MM/YY): _____, SIGN AND DATE THE FORM AND
TO YOUR CASE WORKER BY: _____, AT: _____
(suspense date: m/d/yy)

WORKER: _____ (IM Unit Address)
PHONE: _____

SUBMIT APPROPRIATE VERIFICATION FOR ALL QUESTIONS MARKED WITH AN ASTERISK (*).

II. SELF-EMPLOYED PERSON: _____ NAME OF _____
NATURE OF BUSINESS: _____ PRINCIPAL PLACE OF BUSINESS: _____

III. ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE 'YES' OR 'NO' BLOCK AFTER THE QUESTION. BASED ON YOUR RESPONSES, A DETERMINATION WILL BE MADE WHETHER YOU MEET THE THE CONDITIONS OF A SELF-EMPLOYED PERSON.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. I SELL A SERVICE OR PRODUCT FOR A PROFIT | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I AM INDEPENDENTLY RESPONSIBLE FOR OBTAINING OR PROVIDING A SERVICE OR PRODUCT. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I HAVE INDEPENDENT COSTS AND EXPENSES TO PROVIDE A SERVICE OR PRODUCT. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I INDEPENDENTLY DETERMINE THE MANNER, METHOD AND PROCESS OF THIS BUSINESS, WHICH AFFECTS ITS SUCCESS OR FAILURE. | <input type="checkbox"/> | <input type="checkbox"/> |
| (*) 5. I PAID A GENERAL EXCISE LICENSE FEE. | <input type="checkbox"/> | <input type="checkbox"/> |
| (*) 6. I PAY EMPLOYER AND EMPLOYEE'S SHARE OF SOCIAL SECURITY TAXES AS A SELF-EMPLOYED PERSON. (ANSWER ONLY IF YOU HAVE EMPLOYEES) | <input type="checkbox"/> | <input type="checkbox"/> |
| (*) 7. I HAVE A VALID CURRENT STATE OF HAWAII GENERAL EXCISE LICENSE. | <input type="checkbox"/> | <input type="checkbox"/> |

| FOR AGENCY USE ONLY | |
|----------------------------|------------------|
| (HOW VERIFIED) | |
| | DATE: |
| | FEDERAL I.D. NO: |
| | G E LIC: W |

NOTE: THE BUSINESS IS NOT CONSIDERED SELF-EMPLOYMENT IF IT IS A CORPORATION. IF YOU ARE AN OWNER, I.E., STOCK OR SHAREHOLDER OF A CORPORATION, SUBMIT VERIFICATION OF THE TOTAL VALUE OF YOUR STOCKS OR SHARES AND YOUR MONTHLY DIVIDEND AMOUNT.

REPORT OF SELF-EMPLOYMENT EARNINGS

I. CASE NAME: _____ CASE NO.: _____

ANSWER ALL QUESTIONS BELOW FOR (MM/YY): _____, SIGN AND DATE THE FORM AND
TO YOUR CASE WORKER BY: _____, AT: _____
(suspense date: m/d/yy)

WORKER: _____ (IM Unit Address)
PHONE: _____

SUBMIT APPROPRIATE VERIFICATION FOR ALL QUESTIONS MARKED WITH AN ASTERISK (*).

II. SELF-EMPLOYED PERSON: _____ NAME OF _____
NATURE OF BUSINESS: _____ PRINCIPAL PLACE OF BUSINESS: _____

III. ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE 'YES' OR 'NO' BLOCK AFTER THE QUESTION. BASED ON YOUR RESPONSES, A DETERMINATION WILL BE MADE WHETHER YOU MEET THE THE CONDITIONS OF A SELF-EMPLOYED PERSON.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. I SELL A SERVICE OR PRODUCT FOR A PROFIT | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I AM INDEPENDENTLY RESPONSIBLE FOR OBTAINING OR PROVIDING A SERVICE OR PRODUCT. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I HAVE INDEPENDENT COSTS AND EXPENSES TO PROVIDE A SERVICE OR PRODUCT. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I INDEPENDENTLY DETERMINE THE MANNER, METHOD AND PROCESS OF THIS BUSINESS, WHICH AFFECTS ITS SUCCESS OR FAILURE. | <input type="checkbox"/> | <input type="checkbox"/> |
| (*) 5. I PAID A GENERAL EXCISE LICENSE FEE. | <input type="checkbox"/> | <input type="checkbox"/> |
| (*) 6. I PAY EMPLOYER AND EMPLOYEE'S SHARE OF SOCIAL SECURITY TAXES AS A SELF-EMPLOYED PERSON. (ANSWER ONLY IF YOU HAVE EMPLOYEES) | <input type="checkbox"/> | <input type="checkbox"/> |
| (*) 7. I HAVE A VALID CURRENT STATE OF HAWAII GENERAL EXCISE LICENSE. | <input type="checkbox"/> | <input type="checkbox"/> |

| FOR AGENCY USE ONLY | |
|----------------------------|--|
| (HOW VERIFIED) | |
| DATE: | |
| FEDERAL I.D. NO: | |
| G E LIC: W | |

NOTE: THE BUSINESS IS NOT CONSIDERED SELF-EMPLOYMENT IF IT IS A CORPORATION. IF YOU ARE AN OWNER, I.E., STOCK OR SHAREHOLDER OF A CORPORATION, SUBMIT VERIFICATION OF THE TOTAL VALUE OF YOUR STOCKS OR SHARES AND YOUR MONTHLY DIVIDEND AMOUNT.



PRESCHOOL OPEN DOORS

INSTRUCTION SHEET AND DOCUMENT CHECKLIST FOR APPLICATION

REQUIRED DOCUMENTS--The following documents are required to determine eligibility. Enclose **COPIES** of these documents with your signed application. **FAXED applications WILL NOT be accepted.**

Please note that INCOMPLETE applications CANNOT BE PROCESSED and WILL BE DELAYED

REQUIRED:

APPLICATION

- Family Information - **Do not** list other adult relatives in the home such as grandparents, aunts, uncles, and/or cousins unless they are the primary caretaker(s) for the child or are financially responsible for the child.
- Be sure to specify the relationship of family members to the **child**.
- Also include the social security numbers for each family member listed on the application.
- Please indicate if the child you are applying for is a foster child on the application.
- If this is a foster child, please include the appropriate legal documentation (DHS 1591B form and DSSH 1508 form).
- Parent(s) or Guardian(s) must sign and date application form. In two parent households, both parents must sign.

BIRTH CERTIFICATE

- Send a copy **ONLY** for the child who is applying for tuition assistance
- The Birth Certificate needs to be issued from the Department of Health, or other state's vital statistics agency if the child was not born in Hawaii. Please contact the Department of Health at 586-4533 to request a Hawaii birth certificate.

SOCIAL SECURITY CARDS*

- Send a copy for **EVERYONE** listed in the Family Information section of the application.
- If you need to request a card, please call the Social Security Administration at 1-800-772-1213.
- **The provision of a social security number is strictly voluntary. Failure to provide this information will not affect the application process or the amount of benefits you will receive. The use of social security numbers will be for agency use only as an internal identifier.*

PAY STUBS

- Send copies of pay stubs covering (pay dates for) last **TWO CONSECUTIVE MONTHS** (or at least eight consecutive weeks, and pay stubs must show the respective pay dates and pay periods) for **ALL** listed on the application.
- If you started a new job a letter from your employer, specifying start date, hourly wage, hours worked per week, pay periods and your gross monthly earnings will be accepted.
- Gross monthly income will be used to determine eligibility

IF APPLICABLE:

SPECIAL POPULATIONS REFERRAL FORM

- If applicable, the **Special Populations Referral Form** must be completed by a professional familiar with the child and/or the family situation, such as a pediatrician, public health nurse, social worker, counselor or therapist.
- Your child **will not** be considered a Special Populations Referral **without** a completed **Special Populations Priority Referral Form**.

SELF EMPLOYMENT

- If you are self-employed, complete the two enclosed **Report of Self-Employment Earnings Forms** for the last two months of income (one form per month), and attach copies of income verification.
- Send a copy of your General Excise Tax License.
- If you have business expenses, copies of receipts **must** be submitted.

OTHER DOCUMENTS

- Send verification of State of Hawaii financial assistance, Social Security benefits, SSI, Unemployment insurance benefits, Veteran's benefits, workers' compensation, child support and/or alimony, Temporary Disability Insurance (TDI).

Thank you for your interest in the Preschool Open Doors Program. Please **complete, sign, and mail** the enclosed **Preschool Open Doors Application** with **ALL** required documents to:

Preschool Open Doors
Attn. Applications Department
560 N. Nimitz Hwy, Ste. 218
Honolulu, HI 96817