

Worried about the cost of Preschool?

Here in the islands, the cost of preschool and child care is seemingly out of reach for many families, particularly for families who are on a tight budget.

Luckily, the Preschool Open Doors program can help eligible families pay for preschool and help keiki build a solid foundation and love for learning with the assistance of **\$11.6 million in subsidies** in the 2017 to 2018 POD year.

Here are some tips for planning ahead.

1. Need help finding a preschool? Call 808-839-1988 or go to patchhawaii.org for preschools in your area.
2. Many preschools have wait lists. Call at least a year (or more) in advance to learn about the preschool's application process.
3. Talk to the preschool to see if they accept children who are in the Preschool Open Doors program.
4. Applications for Preschool Open Doors are typically accepted in the Spring each year. See details on the other side.



Got more questions? Call Preschool Open Doors at 808-791-2130 or toll free at 1-800-746-5620



**Preschool Open Door (POD) Application Period
January 23, 2017 to March 31, 2017**

The Department of Human Services (DHS), Benefit, Employment and Support Services Division (BESSD) has begun accepting applications for the 2017-2018 Preschool Open Doors (POD) program. **The application period is January 23, 2017 to March 31, 2017.**

Children born between August 1, 2012 and July 31, 2013 are eligible to apply for the 2017-2018 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 2017-2018 POD year, **the POD office must receive your application by the March 31, 2017 deadline.** Applications post-marked, but not received by March 31, 2017, 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 April 30, 2017. Depending on your child's preschool start date, POD assistance may cover enrollment from July 1, 2017 through June 30, 2018.

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. 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 FAX: (808) 694-3066

**PRESCHOOL OPEN DOORS
APPLICATION**

School Year 2017-18

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 overpayments that are 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: _____

Interpreter Needed For: _____
(Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

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:	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*Sign and date below.		
2. <input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:		
<input type="checkbox"/> 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. <input type="checkbox"/> I want DHS to provide an interpreter at no cost to me.		
<input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own.		
<ul style="list-style-type: none"> • 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: _____	Phone: _____	
Signature: _____	Date: _____	



**PRESCHOOL OPEN DOORS
SPECIAL POPULATIONS PRIORITY REFERRAL**

A. Family/Child Information (To be completed by parent):

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

Parent/Guardian Name: _____
 Last Middle First

Mailing Address: _____
 No. & Street or P.O. Box City Zip Code

Telephone Numbers: _____
 Home Work Other

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

In order for a child to be determined as "Special Populations" Priority for Preschool Open Doors, **at least one section** must be completed by a professional providing services and/or familiar with the child and family, such as a pediatrician, public health nurse, social worker, counselor, therapist, Healthy Start representative, or Department of Health (DOH) Children's Team.

1. **"Special Needs"** – the child has a physical, developmental, behavioral, or an emotional health condition that is outside the normal range.

2. **"Environmental Risk"**
must check ONE of the following conditions:
 Parental age – less than 16 years
 Any existing physical, developmental, emotional, or psychiatric disability in a primary caretaker
 Abuse or any legal or illegal substance by a primary caretaker
 Child abuse and neglect of target child or sibling

-OR-

must check TWO of the following conditions:
 Single Parent
 Incarceration of a primary caretaker
 Birthweight: (Less than 5.5 lbs.)
 Parental age: 16-18 years and less than high school education
 Economically disadvantaged family (less than 100% Federal Poverty Income Guidelines for Hawaii)
 Presence of physical, developmental, emotional, or psychiatric disability in a sibling or other family member in home

3. **"Homeless"** – the child's family must be participating in or enrolling in a program for homeless services.

4. **"Limited English Proficiency (LEP)"**

The child and family or adults caring for the child must have limited English proficiency. Indicate the degree of proficiency.

Primary language(s) spoken at home: _____

Parent(s) English proficiency: Fair___ Poor___ None at All___

Child's English proficiency: Fair___ Poor___ None at All___

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. On page 2.:
 - By item IV., fill in the total amount for the month of “Gross Self-Employment Income”.
 - At the top of page 2, write the month and year in which you are reporting this income. (There is no specific field for this.)
 - Under item IV., complete any applicable Business Expenses you are deducting.
 - At the bottom of page 2, sign, and date the form.
4. Repeat steps 1 through 3 on the second Report of Self-Employment Earnings form supplied with the application if submitting two months of information.
 - Up to two months of income verification (including business expenses) may be submitted for the Department to determine your average monthly income. Income must be from the most recent month or 2 months prior to the month applying for POD.
 - Please use one form for each month.

Requirements:

- The self-employed person(s) are responsible for recording and documenting how each expense and earned amount relates to their business.
- The self-employed person(s) are also responsible for providing all related verification for those amounts being reported as expenses or income received in each month. **Preschool Open Doors staff will NOT sort through figures, receipts, and documents to determine and calculate itemized expenses for the applicants.**
- For all expenses listed on the form, the applicant must:
 - provide **copies** of receipts in order to be deducted from the gross income; and
 - itemize and fully identify expenses by clearly indicating how they apply to the business.
- Expenses **not** itemized on receipts or records will not be included in determining the average monthly income.
- For large bulk purchases intended for use over the course of more than one month, the applicant must divide the purchase by the anticipated number of months for use in order to deduct the monthly expense. For example, if the applicant documents a purchase as “4 month’s supply”, the amount would be divided by 4 for the deduction of the monthly expense.
- Not all business expenses can be determined as countable deductions such as, but not limited to, the following examples: personal expenses, federal and state personal income taxes, money set aside for retirement purposes, entertainment expenses, and other personal work related

expenses (e.g. lunches and transportation cost to and from work) per Department of Human Services Hawaii Administrative Rules §17-799-9(b)(18)(A) and §17-799-9(b)(18)(B).

- **All income recorded on each Report of Self-Employment Earnings – DHS 1273C Form requires supporting verification for the month identified on each form.**
 - For income verification, the applicant **must** submit the *most current* **Form G45 - General Excise / Use Tax Return** with any attachments filed with it, such as the **General Excise/Use Tax Schedule Of Exemptions And Deductions**, and verification of payment of GE taxes
 - **and** one or more of the following:
 - copies of checks of business income received;
 - copies of certified income statements from bookkeeping records;
 - copies of receipts issued for sold goods/services – **receipts must have** sale information with **at least the date of sale, description of goods sold/service(s) rendered, and the amount of the sale;**
 - bank account statements that verify business income;
 - copy of trip book/log for taxi drivers.
- Individuals working as independent contractors may submit statements from any and all entities that are purchasing their work or services, or **1099 if applicable**.
- Invoices without notations of payments received & Profit/Loss Statements ARE NOT AN ACCEPTABLE VERIFICATION OF INCOME.

LLC, Partnerships, Corporation, or Sole Proprietor (such as S-corp/C-corp) must submit:

- a copy of the articles of incorporation, or articles of organization if an LLC;
- most recent personal and business annual income tax returns with the applicable detailed schedule(s), such as K1, Schedule C, etc and W2 forms for income verification. These documents would be included in calculating the household income.

For individuals claiming no income is paid out monthly but receives only an annual dividend at the end of the year, the applicant must specify and record the payout month, and submit the items listed above.

- Submit ***copies*** of income verification and receipts, ***do not submit originals***.
- Separate income verification from expense receipts.
- Sort all documents being submitted in chronological order by dates.
- **REQUIRED! SUBMIT A COPY OF YOUR GENERAL EXCISE (GE) TAX LICENSE or verification you possess one** If you need to obtain a GE License go to <http://tax.hawaii.gov/geninfo/get/> or 1-800-222-3229

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.

FOR AGENCY USE ONLY	
	(HOW VERIFIED)
(*) IV. GROSS SELF-EMPLOYMENT INCOME \$ _____	
BUSINESS EXPENSES: <u>NOTE:</u> DO NOT LIST PERSONAL EXPENSES AND TAXES (I.E., SELF-EMPLOYMENT, SOCIAL SECURITY, FEDERAL, STATE) THAT YOU PAY. HOWEVER, IF YOU HAVE EMPLOYEES, LIST THE SALARY, TYPES AND AMOUNTS OF TAXES THAT YOU PAY ON THEIR BEHALF IN THIS SECTION. (YOU CANNOT BE AN EMPLOYEE OF YOUR OWN BUSINESS).	
(*) GENERAL EXCISE LICENSE FEE \$ _____	
(*) GENERAL EXCISE TAX (% of gross income) \$ _____	
(*) OTHER (LIST BUSINESS EXPENSES): _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	
LESS TOTAL EXPENSES -\$ _____	
NET EARNED INCOME \$ _____	
	Expenses Verified By:

_____ (SIGNATURE of Self-Employed Person) _____ (DATE)

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.

FOR AGENCY USE ONLY	
(HOW VERIFIED)	
Expenses Verified By:	

(*) **IV. GROSS SELF-EMPLOYMENT INCOME** \$ _____

BUSINESS EXPENSES:

NOTE: DO NOT LIST PERSONAL EXPENSES AND TAXES (I.E., SELF-EMPLOYMENT, SOCIAL SECURITY, FEDERAL, STATE) THAT YOU PAY. HOWEVER, IF YOU HAVE EMPLOYEES, LIST THE SALARY, TYPES AND AMOUNTS OF TAXES THAT YOU PAY ON THEIR BEHALF IN THIS SECTION. (YOU CANNOT BE AN EMPLOYEE OF YOUR OWN BUSINESS).

(*) GENERAL EXCISE LICENSE FEE \$ _____

(*) GENERAL EXCISE TAX
(% of gross income) \$ _____

(*) OTHER (LIST BUSINESS EXPENSES):

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

LESS TOTAL EXPENSES -\$ _____

NET EARNED INCOME \$ _____

(SIGNATURE of Self-Employed Person) (DATE)



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. 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) the 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 PRIORITY REFERRAL FORM

- If applicable, the **Special Populations Priority 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 for a Special Populations Priority **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
PATCH – Attn. Applications Department
560 N. Nimitz Hwy, Ste. 218
Honolulu, HI 96817
or fax to (808) 694-3066

