

STATE OF HAWAII

OUR STATE PLAN

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
TITLE IV-A OF THE SOCIAL SECURITY ACT

October 1, 2017 through September 30, 2020

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GOVERNOR

TABLE OF CONTENTS

Part A – Administration

1.0	Organizational Structure.....	Page A-1
2.0	Program Uniformity.....	Page A-1
3.0	Client Protections.....	Page A-2
4.0	Program Integrity.....	Page A-2
5.0	Consultations.....	Page A-3

Part B – Provisions of Assistance

1.0	Application and Redetermination.....	Page B-1
2.0	Assistance Unit.....	Page B-3
3.0	Eligibility, Income and Resources.....	Page B-4
4.0	Benefit Levels.....	Page B-8
5.0	Time Limits.....	Page B-8

Part C – Employment Services

1.0	Goals and Strategies.....	Page C-1
2.0	Work Activities.....	Page C-2
3.0	Work and Participation Requirements.....	Page C-5
4.0	Employment Placement Program.....	Page C-6
5.0	Penalties on Individuals.....	Page C-6
6.0	Grievance Procedures.....	Page C-8
7.0	Special Populations.....	Page C-9
8.0	Supportive Services.....	Page C-9
9.0	Incentives.....	Page C-10

Part D – Waivers

1.0	Continuation of Waivers.....	Page D-1
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Part E – Strengthening Families

1.0	Out-of-Wedlock Births.....	Page E-1
2.0	Statutory Rape.....	Page E-2
3.0	Domestic Violence Option.....	Page E-2
4.0	Non-Custodial Parent Programs.....	Page E-3
5.0	Family Preservation Services.....	Page E-3

<u>Part F – Certifications</u>	Page F-1
--------------------------------------	----------

<u>Part G – Attachments</u>	Page G-1
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1.0 Organizational Structure

The Department of Human Services (DHS) is the single state agency responsible for administering the Temporary Assistance for Needy Families (TANF) program in Hawaii in accordance with Title IV-A of the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and the Deficit Reduction Act of 2005. As the designated State IV-A agency, the DHS administers the program in accordance with Title IV-A of the Social Security Act, and all other applicable Federal laws and regulations and provisions of this State Plan.

Within the organization structure of the DHS, the Benefit, Employment and Support Services Division (BESSD) is responsible for monitoring, supervising, and responding to all issues and questions regarding TANF.

The offices within the BESSD organization that have primary oversight responsibility for the TANF program include the Financial Assistance Program (FAP) staff, the Employment and Training Program (ETP) staff and the Child Care Program (CCP) staff. The FAP is responsible for the administration of the cash benefit aspect of the TANF program. The ETP is responsible for the administration of the First-to-Work (FTW) program and the CCP is responsible for the administration of the child care aspect of the TANF program.

Eligibility determinations and case management for TANF cash benefits is handled by eligibility worker staff at 46 local offices statewide.

Employment planning and case management for work program activities are handled by employment specialists in 24 local offices statewide. Of the 24 work program offices, 12 are state offices and 12 are run by a non-profit agency with whom the DHS has a contractual relationship to provide work program services.

See Attachment A-1 for an organizational chart of DHS.

2.0 Program Uniformity

The TANF program operates using uniform policies on all islands (counties). All of the department's regulations are promulgated in accordance with the Hawaii Administrative Procedures Act (Chapter 91, Hawaii Revised Statutes), which provides the public with an opportunity for notice, review and comment.

Approved regulations are distributed to all BESSD staff responsible for TANF program operations via the Hawaii Administrative Rules (HAR) manual. Policy clarifications and emergency bulletins are also distributed to all affected BESSD staff statewide on an as needed basis.

3.0 Client Protections

3.1 Confidentiality

The rules regarding the use and disclosure of information about individuals and families receiving assistance are consistent with the rules that guided the program under Title IV-A of the Social Security Act prior to the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The rules protect the rights of individuals and permit the release of information to programs operating in connection with the TANF program, i.e., federally funded or federally assisted programs providing assistance on the basis of need, or for appropriate audit purposes, or to appropriate local, state, and federal law enforcement officials.

Pertinent administrative rules governing confidentiality can be found in HAR, Chapter 601.

3.2 Hearing and Appeal Process

Hawaii provides timely and adequate notice prior to taking an adverse action and provides opportunities for recipients who have been adversely affected to be heard in a State administered appeals process. There are set time limits for requesting and holding hearings and for issuing decisions. Hearings are presided over by impartial hearing officers. Clients are allowed to present appeals independently, be represented by legal counsel, bring witnesses, ask questions and cross-examine. If the client is dissatisfied with the decision rendered by the hearing officer, he or she may appeal to a court of law.

Pertinent administrative rules governing hearings can be found in HAR, Chapter 602.1.

3.3 Limited-English Proficiency

Hawaii has policies and procedures for providing interpreter and translation services. We provide a bilingual interpreter at no charge and have entered into a Resolution Agreement with the U.S. Department of Health and Human Services, Office for Civil Rights related to this effective August 18, 2008.

4.0 Program Integrity

The DHS identifies situations in which there are questions of suspected fraud such as, but not limited to, a recipient receiving financial assistance to which the individual is not entitled. The suspected fraud may be the result of willful misrepresentation of the individual's circumstances or the intentional concealment of information from the department.

In the BESSD organization, the Investigations Office (INVO) investigates suspected fraud and refers cases, as appropriate, to law enforcement officials.

The methods of investigation used by the department do not infringe on the legal rights of the persons involved and allow these individuals due process of law.

Pertinent administrative rules governing the department's fraud provisions can be found in HAR, Chapter 604.1.

Hawaii has implemented Public Law 112-96, Section 4004 requiring policies and practices to prevent assistance from being used in any electronic benefit transfer transaction in any liquor store; any casino, gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment by utilizing client notification and agreement. The recipient is notified at the point of applying for TANF that there is a restriction on accessing TANF benefits in specified locations. By signing the application form the applicant agrees to abide by the restriction. A similar agreement has been included on the eligibility review form; by signing this form, current recipients agree to abide by the restriction at the time of their annual eligibility review. In addition a notice was mailed in July 2014 to current recipients with information on the restriction along with a list of restricted locations. The instruction pamphlet on the use of the EBT card has also been revised to include the restriction.

See Attachment A-2, page 11 of the "Application for Financial and SNAP Assistance" and A-3, "How to Use Your Hawaii EBT Card".

Hawaii Administrative Rules, Chapter 17-681-52 subsection (a) is in the process of being amended to include the restriction.

5.0 Consultations

Hawaii's TANF program is based on the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Deficit Reduction Act of 2005, which reauthorized the TANF program in February 2006.

Hawaii used a planning task force for the development of the TANF program in 1996 when PRWORA was implemented and in 2006, when the DRA of 2005 was passed. The task force was composed of public and private sector individuals. The plan was presented numerous times in the community with an opportunity for public input and comment. All comments and recommendations were considered and many were incorporated into the final program plan.

Administrative rules were drafted to govern the program in 1996 in compliance with PRWORA. These rules were promulgated in accordance with the Hawaii Administrative Procedures Act (Chapter 91, Hawaii Revised Statutes). The Notice of Public Hearing was published in the primary newspapers on each island. There was a public comment period before finalization. TANF according to 1996 welfare reform rules was implemented when

our waiver expired in October 2004. Administrative rules were drafted to comply with the DRA of 2005. The Notice of Public Hearing was published on November 14, 2007 in a primary newspaper on each island. The public comment period was from November 14, 2007 through December 17, 2007. A Public Hearing was held on December 17, 2007. Implementation of the rule changes was effective January 17, 2008.

In March 2002, the State implemented its domestic violence policy. Domestic violence victim status is now limited to six (6) months with a possible extension of an additional six (6) months. All individuals granted domestic violence victim status are screened and diagnosed by an agency specializing in domestic violence and required to participate in activities leading to self-sufficiency. The domestic violence option and subsequent regulations were developed in collaboration with the Domestic Violence Clearinghouse and Legal Hotline, the Legal Aid Society of Hawaii, and a work group comprised of public and private agencies and individual citizens. These participants represented a cohort of domestic violence agencies and advocates statewide and private citizens. The administrative rules for the amended program were drafted and a Notice of Public Hearing was published the week of July 2, 2001 in a primary newspaper on each island. The public comment period was from July 2, 2001 through August 14, 2001. A public hearing was held on August 7, 2001. The rules were finalized on October 18, 2001. Domestic violence treatment services have been contracted out on all islands. Compliance was a condition of receiving an exemption from work requirements. Effective January 17, 2008, treatment is a condition of receiving assistance and non-compliance with treatment will result in a family sanction.

Effective November 1, 2001, Hawaii imposed program participation requirements for individuals who are exempt from work requirements due to a disability. Individuals who claim an exemption due to a physical or mental impairment must be engaged in substance abuse treatment services or vocational rehabilitation activities or both, which may reasonably be expected to lead to employment and self-sufficiency. Individuals diagnosed as disabled with substance abuse issues and individuals with physical and/or mental disabilities receive vocational rehabilitation services from a contracted provider. The entire household is sanctioned if the disabled individual refuses or fails to comply with treatment. The amendments were developed in conjunction with the Financial Assistance Advisory Council. The administrative rules were drafted and a Notice of Public Hearing was published the week of July 2, 2001 in a primary newspaper on each island. The public comment period was from July 2, 2001 through August 14, 2001. A public hearing was held on August 7, 2001. The rules were finalized on October 18, 2001.

The TANF Medical Board Evaluation contract began effective 10/1/05. The Medical Board evaluates whether the individual's disability is temporary or permanent and interferes with his or her ability to engage in any substantial gainful employment of at least thirty (30) hours per week at a job for which he or she is equipped by education, training or experience. The Medical Board ensures that the adult TANF population between the ages of 18 and 65 are afforded a fair and consistent evaluation of disability and determine appropriate treatment services, vocational rehabilitation services or employment activities that the individual can be

expected to engage in. The administrative rules were drafted and a Notice of Public Hearing was published the week of November 14, 2004 in a primary newspaper on each island. The public comment period was from November 15, 2004 through December 14, 2005. A public hearing was held on December 14, 2005. The rules were finalized on January 20, 2005. Effective January 15, 2008, the Medical Board began evaluating whether the individual's disability interferes with his or her ability to work thirty (30) hours a week.

Hawaii implemented the Supporting Employment Empowerment Program (SEE) effective October 2004. SEE is an employer incentive program designed to assist TANF recipients with obtaining employment. Under this program, the Department offers prospective employers a wage and benefit subsidy package if they agree to hire TANF recipients. The TANF recipient shall participate with this program for a period not to exceed six months, however, based on certain situations, two three-month extensions are possible. In 2008 the program period was modified to eliminate the two-three month extensions and allow up to a full twelve month period. In May 2010, the program expanded to offer SEE services to individuals who have applied for, are currently receiving or have exhausted their unemployment insurance benefits and whose household gross income does not exceed 300 % of the Federal Poverty Level for Hawaii. In April 2011 the program period was modified not to exceed six months in an effort to reduce federal expenditures.

On January 13, 2010, rules were finalized to increase the earned income disregard to recipients from 36% to 55% from month one through month twenty-four. This increase does not apply to applicants or to the earnings of minor children. The public comment period was from October 25, 2009 through November 23, 2009. A public hearing was held on November 23, 2009.

The Grant +, Employment Subsidy, Self-Sufficiency Lump Sum, Exit Bonus, Job Retention Bonus and the Earned Income Reimbursement work incentive programs were terminated effective December 31, 2011 due to State fiscal crisis. The public comment period was from November 6, 2011 through December 5, 2011. A public hearing was held on December 5, 2011.

1.0 Application and Redetermination

1.1 Access to Benefits and Services

Households wishing to participate in the TANF program must complete and file an application form, be interviewed by an employee designated by the department, and have certain information verified. Applications (Form DHS 1240, “Application for Financial and Food Stamps Assistance”) are available in all branch income maintenance units statewide and may also be requested by mail or telephone. Applications may be submitted to any DHS office statewide, but the first day of eligibility can be no earlier than the date an application is received by the appropriate office that services the census tract in which the applicant resides. All branch income maintenance offices are open during regular working hours, Monday through Friday, but are closed on all legal holidays.

Hawaii issues an electronic benefit transfer (EBT) card to access benefits. Benefits may be withdrawn from automated teller machines (ATM) and point of sale (POS) terminals to make a cash purchase or to obtain cash back within retail stores. Hawaii ensures access to assistance by providing two free ATM transactions per month and ensuring there are ATM and or POS terminals in all geographical areas. There is no transaction fee when accessing benefits by way of a POS terminal. Recipients are also issued an EBT brochure “How to Use Your Hawaii EBT Card” (attachment A-3) which includes information on where benefits may be accessed. Any surcharges assessed by the ATM owner are the responsibility of the recipient. Excess transaction fees and surcharges are deducted from the recipient’s account balance. Hawaii also has a process in place to address problems with access such as but not limited to when the recipient loses their EBT card or when the EBT card does not work. Recipients may also elect to access benefits by way of a direct deposit to a personal financial institution account designated by the primary payee. Recipients electing direct deposit are not issued an EBT card as access to benefits will be through their financial institution and any fees associated with their personal financial account is the responsibility of the recipient.

1.2 Residency Requirements

Applicants/recipients must be residents of the state, but there is no minimum period of time a person must be living in the state to establish residency. Hawaii treats new families moving to the state the same as families already residing in the state.

1.3 Application Processing Time Frames

The department must make a decision on an application within 45 days. The 45-day period begins on the date that the appropriate income maintenance unit receives an application form containing, at a minimum, the applicant’s name, address and signature. The 45-day period ends when financial assistance benefits are authorized or when a notice is mailed to the applicant household that financial assistance has been denied or discontinued.

1.4 Redeterminations

A review of all eligibility requirements is required every 12 months for all TANF households. To continue receiving financial assistance at the time a redetermination is due, all TANF recipients must:

1. Complete a redetermination form prescribed by the department;
2. Provide information supported by documents to establish eligibility;
3. Be determined to be in need according to the department's appropriate standard of assistance; and
4. Meet the categorical and eligibility requirements of the TANF program.

In addition, six-months before an annual eligibility redetermination is due, a Six-Month Report Form must be completed by TANF households subject to simplified reporting. A redetermination is also conducted when the department obtains information about changes in the TANF household's circumstances that may affect the amount of the cash benefit or may make the household ineligible.

1.5 Initial Assessment

Effective October 1, 2008, as a condition of eligibility for TANF benefits, individuals determined to be work eligible are required to participate with the FTW program for a compliance period prior to benefit approval. Compliance prior to TANF approval is referred to as Up-front Universal Engagement or UFUE. As part of the application process, the department conducts an initial assessment to determine if the applicant is required to participate in the work program. One work eligible or other work eligible adult in an assistance unit attends a program orientation and intake session within 5 work days of application. During the application process, a work program assessment is conducted for other household members 16 years of age and older. The form DHS 1259, "First-to-Work Referral and Requirements" is explained. (see Attachment B-1). All applicant households are informed of the work program participation requirements, what happens when participation requirements are not met and the expectation for work. The applicant is issued a DHS 1242, "TANF Memorandum of Understanding" (see Attachment B-2) that describes the work participation requirement and time limited benefits.

The FTW program conducts an in-depth employability assessment that results in an Employment Plan (EP) and a Support Service Plan (SSP). The EP and the SSP are signed written agreements between the client and the department that outline the employment or training activities to be preformed by the client and the services to be provided by the department.

Individuals who claim that a physical, psychological or substance abuse disability prevents compliance with work participation requirements are referred for evaluation to contracted examiners and then to the Medical Board. When the Medical Board determines the disability

prevents the individual from working 30 hours a week, the individual will receive services through the FTW Vocational Rehabilitation program.

An applicant is also informed of their right to claim Domestic Violence Victim Status. The applicant claiming this status must complete the DHS 1260 "Self-Declaration Screening Form to Claim Domestic Violence Victim Status" and will be assessed by the contracted domestic violence agency (see Attachment B-3). Services include case management, employability plans, supportive services, and employment and training activities provided by FTW.

2.0 Assistance Unit

2.1 Age Requirement

Hawaii defines a minor child as a needy child under age 18, or under age 19, if the child is a full-time student in a secondary school or in a vocational or technical training program of equivalent level. Effective January 15, 2008, the needy child under age 18 shall participate with the First-to-Work program if the child is not a full-time student or has completed secondary school or an equivalent level of vocational or technical training.

2.2 Caretaker Relative

A caretaker relative is defined as the designated relative who provides care and supervision to a dependent, minor child. The designated relative may include the following individuals in relation to the minor child:

1. Father, mother, brother, sister, half-brother, half-sister, uncle, aunt, uncle half-blood, aunt half-blood, great uncle, great aunt, great uncle half-blood, great aunt half-blood, grandfather, grandmother, great grandfather, great grandmother, first cousin, first cousin once removed, nephew or niece, great-great grandfather, great-great grandmother, great-great-great grandfather, great-great-great grandmother, great-great uncle, great-great aunt, great-great uncle half-blood, great-great aunt half-blood;
2. Stepfather, stepmother, stepbrother, and stepsister;
3. The adoptive parents of a legally adopted child as well as other natural or legally adopted children and relative of the adoptive parents;
4. A hanai father or hanai mother. Hanai means the child was taken permanently at the time of birth or early childhood to be reared, educated, and loved by someone other than the natural parents. In hanai situations, the child is given outright and the natural parents renounce all claims to the child. Natural parents cannot reclaim their child except for death or serious injury to the hanai parents; and
5. The legally married spouse of any of the persons specified above, even after the marriage has ended in death or divorce.

2.3 Standard Filing Unit

In order for a family to be eligible, an application with respect to a dependent, minor child must include the following individuals, if living in the same household and otherwise eligible:

1. A natural, adoptive or hanai parent, except as noted below; and
2. A blood-related or adoptive brother or sister, except as noted below.

In situations where the state has obtained legal custody of a child and has placed that child under the care and supervision of a person other than the parent, the following shall apply:

1. The parental relationship shall not be recognized for the purpose of determining the TANF household composition, even if the natural, adoptive or hanai parent is living in the same household; and
2. The sibling relationship shall not be recognized if the natural, adoptive or hanai parent is living in the same household and has other children or stepchildren living in the home for whom the state has not obtained legal custody.

In situations where an adopted child is living with both the adoptive parent and a natural or hanai parent the following shall apply:

1. The natural or hanai parent relationship shall not be recognized for the purpose of determining the TANF household composition; and
2. The sibling relationship shall not be recognized if the natural or hanai parent has other children or stepchildren living in the household who have not been adopted.

2.4 Temporarily Absent

In Hawaii, temporarily absent means the dependent, minor child or the caretaker relative is not present in the home for a period not to exceed sixty (60) days, or for a household receiving supportive services through a plan approved by the department, not to exceed one hundred and eighty (180) days, provided that from the date of departure there was a planned date of return.

There are no good cause exceptions for temporary absence beyond the allowable periods explained above.

3.0 Eligibility, Income and Resources**3.1 Pregnant Woman Without Other Children**

A needy pregnant woman with no other eligible children may be eligible for TANF from the first of the month in which the woman begins her ninth month of pregnancy, provided:

1. There is a doctor's written statement to verify the pregnancy; and
2. The pregnant woman and the unborn child together shall be considered as one person for the purposes of the TANF payment.

3.2 Felony Substance Abuse

The 1997 Hawaii Legislature passed Act 128 which specified that Section 115(a) of Public Law 104-193 shall not apply in Hawaii to persons with a felony conviction which has as an element, the possession, use or distribution of a controlled substance, provided these individuals are complying with treatment or have not refused or failed to comply with treatment. This statute became permanent when the 1999 Hawaii Legislature passed Act 27 to remove a sunset clause.

3.3 Fleeing Felons

A fleeing/fugitive felon interface is done semiannually with the National Crime Information Center to identify any individuals who meet these definitions and who are receiving assistance in Hawaii. Any individual identified on this match is removed from financial assistance immediately.

3.4 Deprivation Factors

Although not a deprivation factor per se, in order to be eligible for TANF, all the minor children in the household must be living in a single parent or no-parent situation. Children living with both parents qualified for a parallel program that has the same payment and eligibility requirements as TANF. This program is the Temporary Assistance to Other Needy Families (TAONF) program and is funded exclusively with state dollars. Effective October 1, 2008, two-parent households where all members are U.S. citizens are eligible for TANF.

3.5 Eligibility for Non-Citizens

Hawaii provides TAONF to eligible non-U.S. citizens as defined in Welfare Reform. Effective October 1, 2009, households containing non-U.S. citizens are eligible for segregated state TANF and positioned under State Maintenance of Effort (MOE) funds.

3.6 Income Eligibility

To determine eligibility, the household must meet specific income requirements. The prospective income (earned and unearned), of each household member is evaluated. If not excluded by rule or regulation, the income is tested prospectively against the gross income

standard and the standard of assistance (SOA) according to household size. If the family fails either of these tests, the household is not eligible for benefits.

The State Legislature sets the income standards at a percentage of the federal poverty index (FPI). The gross income standard is 185% of the standard of need. Effective July 1, 2007, the standard of need is 100% of the FPL established for 2006. Effective July 1, 2009, the standard of assistance is 48% of the standard of need. TANF households that contain a work eligible adult have the standard of assistance further reduced by 20% after the household has received two (2) full months of assistance at the 48% standard.

The household's countable prospective income (earned and unearned) must not exceed 185% of the family's standard of need. The net income is determined by allowing all the earned income disregards against the gross earned income. Monthly net earned income is then added to any unearned income to determine the net income for the family. The family's countable net income must meet the net income test. The net income is then compared to the SOA and the difference is the eligible financial assistance payment amount.

The earned income of a child who is a full-time student or a part-time student who is not a full-time employee is excluded in determining financial assistance eligibility and payment amount.

3.7 Earned Income Disregards

Earned income disregards are subtracted from the monthly gross earned income of each wage earner in the assistance unit as follows:

1. Deduct a standard deduction of 20%;
2. From the remainder, deduct a flat rate of 200 dollars;
3. From the remainder, deduct a variable rate deduction of 36%; for eligible households who have received less than 25 month of TANF benefits deduct a variable rate deduction of 55% rather than 36%. This larger variable deduction is effective January 1, 2010; and
4. From the remainder, deduct an amount equal to the actual cost for the care of each incapacitated adult living in the same household and receiving financial assistance, but not to exceed:
 - A. \$175 a month, if the applicant or recipient is employed full-time; or
 - B. \$165 a month, if the applicant or recipient is employed less than full-time.

3.8 Deemed Income and Resources

TANF has specific deeming requirements when there is a 1) husband, wife or parent living in the same home, but not on assistance due to Social Security Number (SSN) or Intentional Program Violation (IPV) disqualifications or being an ineligible non-U.S. citizen alien parent; 2) stepparent living in the same home but not on assistance; and 3) parent of a minor parent living in the same home but not on assistance. The deeming provisions are as follows:

Husband, wife or parent living in the same home:

1. Obtain the monthly total earned and unearned income of the individual not included in the financial assistance payment;
2. From the individual's monthly gross earned income, deduct the standard deduction of 20%;
3. From the remainder, subtract the amount paid for the care of each incapacitated adult living in the same household and included in the financial assistance payment not to exceed \$175 if the individual is employed full-time or \$165 if the individual is employed less than full-time;
4. From the remainder, deduct the difference between the following standards of assistance:
 - a. The first standard shall include the needs of all the individuals included in the financial assistance payment and the needs of the individual and other individuals not included in the financial assistance payment, provided such other individuals may be claimed by the individual as dependents for federal income tax purposes.
 - b. The second standard shall include the needs of the individuals included in the financial assistance payment.
6. All the remaining income shall be considered available to meet the needs of the individuals receiving financial assistance.

Stepparent or parent of a minor parent:

1. Obtain the monthly total earned and unearned income of the stepparent;
2. From the stepparent's monthly gross earned income, deduct a standard deduction of 20%;
3. From the remainder, subtract the department's specified standard of need to meet the needs of the stepparent and any other dependents who are living in the home who are not part of the financial assistance unit;
4. From the remainder, subtract the actual amount paid by the stepparent for the support of dependents who are not living in the home (e.g., child attending school away from home);
5. From the remainder, subtract all payments made by the stepparent for alimony and child support for persons not living in the household.
6. All the remaining income shall be considered available to meet the needs of the individuals receiving financial assistance.

3.9 Resources

The 2013 Hawaii State Legislature passed an administrative bill submitted by the department to disregard the consideration of assets in determining TANF eligibility. The bill was signed into law by the Governor on April 18, 2013.

4.0 Benefit Levels

4.1 Benefit Standards

Effective July 1, 2009

HH SIZE	1 SON	2 SOA	3 SOA	HH SIZE	1 SON	2 SOA	3 SOA	HH SIZE	SON	2 SOA	3 SOA
1	939	450	350	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	7	2894	1389	1111	12	4523	2171	1736
3	1590	763	610	8	3220	1545	1236	13	4849	2327	1862
4	1916	919	735	9	3545	1701	1361	14	5175	2484	1987
5	2242	1076	860	10	3871	1858	1486	15	5500	2640	2112
								15+	+326		

1. Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.
2. Standard of Assistance is 48% of the Standard of Need.
3. Standard of Assistance is reduced by 20%, applicable to mandatory work required TANF households, effective July 1, 2009.

4.2 New Residents

Hawaii treats new families moving to the state the same as families already residing in the state.

4.3 Benefit Issuance

Financial assistance is issued on a monthly basis to eligible TANF households as direct cash assistance in the form of Electronic Benefit Transfer (EBT), direct deposit into a personal account or imprest check.

Benefits are deposited automatically each month and are available on the 3rd day of the month if the recipient's last name begins with A – I and on the 5th day of the month for last names beginning with J – Z. Those electing direct deposit will receive their benefits by the 3rd bank day of the month regardless of last name. Also those with direct deposit who receive Supplemental Nutrition Assistance Program (SNAP) assistance will receive their SNAP benefits on the 1st calendar of each month.

5.0 Time Limits

5.1 60-Month Time Limit

Receipt of TANF assistance is limited to 60 months in the lifetime of all applicant and recipient households, unless the household has an adult who is a non-needy caretaker.

A time eligible month is credited to each adult in a household for each month that assistance is received. The actual determination of the number of months of assistance that has been received by a household is based on the primary adult. The primary adult is defined as the adult in the household that has the greatest number of time eligible months. Disabled individuals who receive more than 60 months are given extensions due to hardship based on 20 percent of the average monthly number of families receiving assistance during the fiscal year.

The department does not count months of assistance received as a dependent child. A countable month of assistance begins with the first month a TANF household receives assistance on or after December 1, 1996.

5.2 Non-Work Eligible Households

A household where all adults must meet one of the following criteria to be considered a non-work eligible household:

1. There is no parent or adult recipient in the household;
2. A recipient of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI),
3. A single parent is caring for a child under six (6) months of age;
4. A parent is providing care for a disabled family member living in the household.

Non-work eligible adults are not referred to the First-to-Work program.

5.3 Participation Requirements for Other Work Eligible Individuals With a Disability

An individual who the department has determined disabled due to a physical or mental impairment, including substance abuse, shall be engaged in treatment services and vocational rehabilitation activities which may reasonably be expected to lead to employment and self-sufficiency. If the individual fails or refuses to participate in treatment services or vocational rehabilitation activities without good cause, the entire household will be sanctioned as follows:

1. For the first such failure to comply, until the failure to comply ceases;
2. For the second such failure to comply, until the failure to comply ceases or two (2) months, whichever is longer;
3. For any subsequent failure to comply, until the failure to comply ceases or three (3) months, whichever is longer.

5.4 Domestic Violence Victim Status

Hawaii notifies all applicants and recipients of the department's domestic violence policy at the point of initial application, reapplication and at each eligibility review or at any time that a client discloses domestic violence. Such notification includes the following information:

1. A definition of domestic violence, including examples of acts and circumstances which may constitute domestic violence;
2. An explanation of the availability of domestic violence victim status and the requirements of such a status;
3. An explanation of the procedures for applying for domestic violence victim status;
4. An explanation of procedures for appealing the denial of domestic violence victim status.

Individuals who are victims of domestic violence are referred to a domestic violence agency for the following services:

1. A determination of eligibility for domestic violence victim status using the criteria set forth below; and
2. An assessment and development of an individualized service plan.

An individual is considered to be a victim of domestic violence if he or she has or has had a relationship to the alleged perpetrator of the violence as a spouse, reciprocal beneficiary, former spouse, former reciprocal beneficiary, person with whom the individual has a child in common, parent, child, person related by blood, person jointly residing or formerly residing in the same dwelling unit, or person with whom the individual has or has had a dating relationship regardless of whether they lived together at any time, and the victim has had to take one or more of the following actions as protection or as a result of the domestic violence inflicted by the alleged perpetrator:

1. Has a current court order protecting the individual or other household members from the alleged perpetrator;
2. Is a party to a pending divorce or custody action which involves issues of current or past domestic violence;
3. Within the past 12 months, has stayed in a domestic abuse shelter;
4. Within the past 12 months, has stayed with a friend or relative after having fled the home to escape or avoid domestic violence, as supported by a sworn statement from that friend or relative. If the friend or relative is not available, another person who has personal knowledge of the domestic violence situation may provide a sworn statement;
5. Within the past 12 months, has been a victim of an incident of domestic violence which resulted in the arrest, arraignment or conviction of the alleged perpetrator of the violence;
6. Within the past 12 months, has been in inpatient or outpatient treatment for psychological, physical or emotional abuse resulting from domestic violence;
7. Within the past 12 months, has been hospitalized, been in community placement or received emergency room treatment for medical or psychological injuries resulting from domestic violence;
8. Within the past 12 months, has been subject to threats of death or grievous bodily injury to self or family and loved ones by the alleged perpetrator.

The applicant/recipient who meets the definition of a victim of domestic violence must accept and receive domestic violence treatment services to meet the work participation requirement for a six (6) month period. The other adult in the assistance unit that contains a domestic violence victim is granted the same status during the six (6) month period. The domestic violence status may be extended for an additional period of up to six (6) months immediately following the first six (6) month period if the following apply:

1. The domestic violence victim has maintained active participation with the domestic violence agency during the initial six (6) month period;
2. The domestic violence agency recommends the extension; and
3. The alleged perpetrator is not residing in the same home as the domestic violence victim.

5.5 Post 60-Month Benefits and Services

At the conclusion of the 60-month time limit, all assistance units will be assessed for continued eligibility in the following programs and services:

1. Supplemental Nutrition Assistance Program;
2. Child care; and
3. Transitional transportation for up to 12 months or other work related expenses for up to 6 months when employed and active with First-to-Work at the time of TANF closure.

5.6 Nonrecurrent Short-Term Benefits

The Department recognizes one time work related supportive service payments when exiting TANF as a non-assistance payment. These payments include: purchasing appropriate work attire, special clothing (e.g., uniform), or tools; travel expenses to accept a job offer; automotive repair integral to accepting or maintaining employment; licensing and testing fees and other one-time expenses.

Effective October 1, 2002, the Department recognizes payment to a non-needy relative who provides care for a child placed in the relative's home by the staff of the Department's Social Services Division. The TANF payment or amount spent on these services that is used towards meeting the MOE requirement shall not exceed four months for each "discrete crisis situation". The child placed in the relative's home shall be considered needy under the law. The child's income cannot exceed the gross income limit of 185% of the 1996 Federal Poverty Level or the net income limit which is the 1995 Federal Poverty Level. Effective October 1, 2008, this was claimed as TANF cash assistance through June 30, 2011. Effective July 2011 this payment may again be used to meet the MOE requirement.

5.7 Emergency Assistance

Effective October 1, 2007, under the grandfather provision of Section 404(a)(2) of the Social Security Act, the State elects to continue its approved, former Emergency Assistance program as it was in effect on September 30, 1995.

1. The kinds of emergencies covered are abuse, neglect, or abandonment of children in which:
 - a. The child is at imminent risk of harm and continuation in the home is found not to be in the child's best interests;
 - b. Threat of harm exists and emergency assistance is needed to maintain the child safely in the family home; and
 - c. The child is at risk of removal from the home due to a parent's or relative's inability to provide the needed care and supervision.
2. The kinds of assistance provided to meet the emergency situations are home based services which include; counseling, supervision, shelter, food and other household or maintenance expenses for the child to remain in or return to the home; emergency shelter and group home (child caring facility) care, including basic living essentials (e.g., food, clothing, maintenance, supervision) unless receiving Title IVE; necessary medical care unless the child is covered by Title XIX; and assistance provided to meet the emergency situation and other related items.
3. The kinds of service provided to meet emergency situations are home based services which are short term, home-based crisis intervention and counseling services for families and children to prevent out of home placement or facilitate reunification. Based on the Behavioral Sciences Institute of Washington State's Homebuilders model.

NOTE: The above assistance and services are limited to a maximum duration of one year or less as necessary to alleviate the emergency condition and must be authorized during a single 30 day period no less than 12 months after the beginning of the family's last Emergency Assistance authorization.

4. To be eligible for this program, the family must meet all of the following requirements:
 - a. An application must be filed;
 - b. An emergency must exist which did not arise out of the specified relative or child's refusal, without good cause, to accept employment or employment training within 30 days prior to the date of application;
 - c. The child is living with a specified relative or within the 6 months prior to the date of application, had been living with a specified relative;
 - d. The family shall be needy. Needy is defined as having a monthly gross countable income not exceeding 800% of the federal poverty limit.

There shall not be an asset limit. Assets which may be converted into cash within 48 hours shall be considered income.

5. Assistance may be granted following the receipt of an application but prior to the completing of investigation of eligibility on the basis of facts which indicate presumptive eligibility.
 - a. The investigation of eligibility must be completed within 30 days.
 - b. Federal Financial Participation may not be claimed until the investigation is completed and eligibility for emergency assistance has been established.
6. The household must meet the program guidelines for Home Based Services.
7. Effective July 2011, emergency assistance may be used towards meeting MOE requirements.

5.8 Maintenance of Effort

1. Through a variety of state agencies and community-based service providers, the State offers the following types of services to eligible families whose income is up to 300% of the federal poverty limit:
 - a. Financial literacy;
 - b. Classes in child development, community resources, and parenting skills;
 - c. One to one mentoring of children and youth in professionally supported relationships;
 - d. Individual, marital, and family strengthening and counseling services, to include domestic violence counseling for victims and offenders;
 - e. An alternative secondary education school for at-risk youth that provides education, clinical counseling, and social services to students and families who have social adjustment, emotional, or school related difficulties;
 - f. Community centers that provide family support and family preservation services;
 - g. Domestic abuse shelters provide victims of domestic violence and their families with a safe haven of temporary shelter with provisions for basic needs (food, clothing, etc.), counseling, and services for children;
 - h. Domestic violence services such as assessment service, planning, counseling services, case management, and linkage and referral to recipients of TANF and Temporary Assistance to Other Needy Families who have or are currently experiencing issues of safety and functioning related to domestic violence, which would adversely affect their ability to become self-sufficient;
 - i. Housing for eligible victims who need safety and support and are ready to go to school/work;
 - j. Comprehensive services to families and individuals who have experienced intra-familial sexual abuse;
 - k. Volunteer income tax clinics;
 - l. Residential shelter and outreach to eligible teens;
 - m. One-time financial and material assistance to eligible families;
 - n. Education and enrichment programs to children from infancy and up;
 - o. Youth development programs;

- p. Programs that address social-economic barriers, family violence, inadequate parenting skills, lack of workplace skills, poverty, teenage pregnancy, poor school performance, and behavioral difficulties;
 - q. Programs that provide public awareness, education, and advocacy to prevent child abuse and neglect in families;
 - r. Drug and alcohol treatment for women with children;
 - s. Work replacement services for eligible families;
 - t. Home ownership assistance;
 - u. Food assistance that is not federally funded; and
 - v. Drop out and language arts services.
2. Kinship care and foster care costs may be used to meet MOE requirements. Children that are removed from their homes for abuse and neglect are placed in and generally funded through the child welfare system. The services provided to meet these children's situations include counseling and family preservation services, shelter care, foster family care, or residential group care for children separated from their parents. For children who are eligible for federal foster care, the State may receive reimbursement through matching title IV-E funds. Non- IV-E eligible children are funded primarily with State appropriated funds. Federal TANF funds or State expenditures may be claimed for MOE.
- a. Expenditures for children placed in the home of a relative may be claimed as MOE and Hawaii may retroactively create a kinship care program.
 - b. Expenditures made to provide "assistance" that addresses a child's needs during a period of "temporary absence" from the home of a parent or relative may also be claimed for MOE. Under Section 408(a)(10) of the Social Security Act, federal funds may be used to provide "assistance" for a period of temporary absence from the home of not less than 30 and not more than 180 consecutive days, as defined in the State plan. Hawaii will consider children removed from their homes as temporarily absent from the home and automatically use MOE funds to cover the costs of providing maintenance payments (not claimed for Title IV-E) for up to 365 days, as long as there is an expectation that the child will return home within the foreseeable future to live with a parent or relative. In addition, Hawaii may establish a good cause exception for every case in which the State is working with the family on a reunification plan within the next six months and continue to cover their costs.
 - c. During any period of temporary absence from the home, the State may also claim expenditures as MOE to cover the costs of case management, family counseling and other family preservation services, as long as the objective would be working to return the child to live with parents or relatives. Since these activities are not "assistance," the disaggregated data collection requirements of TANF do not apply for these services and benefits.

3. Other Maintenance of Effort funded activities are identified in 3.4, Eligibility for Non-Citizens and Part C, section 8.3, Support Services for TANF Recipients and Eligible Families.
4. Through a variety of post-secondary educational providers, including Universities and Community Colleges, Hawaii provides post-secondary education to adult students in families with minor children and students who are dependent children 24 years of age and under who have completed the Free Application for Federal Student Aid (FAFSA), demonstrate financial need and meet other eligibility criteria, are attending school and qualify for a variety of Federal and State need-based financial aid, grants, work-study programs or subsidized loan programs, including, but not limited to the following:
 - a. Federal Pell Grant
 - b. Federal Supplemental Educational Opportunity Grant (FSEOG)
 - c. Federal Work Study
 - d. Federal Perkins Loans
 - e. Direct Subsidized Stafford Loans
 - f. Hawaii State Need-Based Opportunity Grant
 - g. The Second Century Scholarship Program
 - h. State Higher Education Loan (SHEL)

5.9 Non-cash assistance program

Effective October 1, 2010, the State implemented a non-cash assistance program which informs the public of the TANF services available to eligible individuals. The non-cash assistance program will be implemented by issuing a brochure listing the available services and how to access these services.

The eligibility requirement for this program is that the family's monthly gross income may not exceed 200% of the federal poverty limit.

1.0 Goals and Strategies

1.1 Goals and Objectives

Hawaii's TANF program provides assistance to needy families with (or expecting) children and provides parents with job preparation, work and support services that enable them to leave the program and become self-sufficient. This is accomplished through strategies implemented through the welfare reform program which delivers cash assistance and the First-to-Work (FTW) program which provides employment preparation and support services.

The following statements were used as guiding principles in the design of the welfare reform program:

1. Welfare is temporary and not a way of life;
2. Parents, not government, are responsible for the support and maintenance of their children;
3. Parents who are able to work, must work;
4. Families must be financially better off by going to work than staying on welfare.

To achieve these objectives, the welfare reform program uses a combination of positive and negative incentives to challenge applicants and recipients to move away from welfare dependency and toward a future of self-reliance. The negative incentives include the five (5) year time limitation and welfare grant reductions for households that contain at least one (1) work eligible or other work eligible adult and penalties for failure to participate in work activities. The positive incentives include an increased resource limit, exclusion of all vehicles from asset consideration, exclusion of the earned income of dependent children who are full-time students, exclusion of all educational loans, grants and scholarships, and increased earned income disregards so that a family remains eligible for welfare assistance until their gross income exceeds 185% of the federal poverty level (FPL) or net earned income exceeds 48% of the FPL by household size (Note: Hawaii's FPL is legislatively capped at the FPL for 2006).

1.2 Models or Other Effective Practices Used

Hawaii chose to use a labor attachment model to assist TANF recipients in becoming employed. The program is entitled First-to-Work (FTW). Within this program, there are components that are designed to assist recipients in becoming employed very quickly in either full or part-time employment. The model that this program emulates is similar to ones that were discussed nationally in relation to the Riverside, California GAIN Program.

The Supporting Employment Empowerment (SEE) program was developed in October 2004. The SEE program is an employer incentive program designed to assist TANF recipients with obtaining employment. The SEE program offers prospective employers a wage subsidy and payment equal to 14% of the SEE payment as reimbursement for unemployment insurance,

workers compensation, and FICA to encourage employers to employ TANF recipients. The recipient shall participate with the SEE program for a period not to exceed six months.

In addition to the labor attachment features, Hawaii has a full-time educational incentive program. In this component, participants are encouraged to improve their skill level by attending training or educational classes. The incentive is that the work participation requirement is reduced to 20 hours per week for full-time students. The total training or educational hours and work activity must total no less than 20 hours per week, with a minimum work activity requirement of four (4) hours per week of paid employment. Part-time students must fulfill the overall participation requirement of 30 hours per week. For part-time students, once the educational hours are determined, the remainder of the required hours may be in either paid or unpaid work activity. This educational feature was extrapolated from the Waiver program granted to Hawaii entitled, "Creating Work Opportunities for Hawaii's Families", which was eventually merged into the PONO waiver. Hawaii is not aware that other States use this approach, but local experience was adequate to convince us to run the program in this manner.

All other components offered under the program are the traditional education, training, and work activities. Hawaii believes the combination of these activities provides the best opportunities to assist TANF participants to become self-sufficient.

1.3 Numerical Goals

The numerical goals and activities established for the program are as set in federal law.

With the exception of full-time students and the single custodial caretaker relative of a child less than six years of age, all participants must meet a participation requirement of 30 hours per week.

2.0 **Work Activities**

Individuals who are determined to be work eligible or other work eligible individuals shall be referred immediately to the FTW program and are scheduled for intake and orientation. A screening instrument is also administered at this point to determine psychosocial, health, educational/skill, employment, and communication barriers to employment. Following intake/orientation, the participant is scheduled for reading and math tests, and a preliminary interview. The results of the testing and interview are scored and summarized to determine if the participant moves on to Employability Assessment or referral to an in-unit social worker for an in-depth Barrier Assessment. The Employability and Barrier Assessments will result in the development of an Employment Plan and assignment to work activities.

FTW participants are expected to perform 30 hours per week of overall participation to simulate a full-time workweek. Of the overall participation requirement, 20 hours per week must include participation in allowable work activities. Allowable work activities include:

1. Unsubsidized Employment, which also includes Self-Employment
2. Subsidized Employment

The Supporting Employment Empowerment (SEE) program is a TANF subsidized employment placement where employers are reimbursed for expenditures associated with employing a TANF work-eligible individual. Employers receive a wage subsidy and payment equal to 14% of the SEE payment as reimbursement for employer taxes and other employer costs related to the hiring of TANF work-eligible individuals as subsidized employees. Participants in the SEE program can be placed in a subsidized placement for up to a six month period, unless the Department and employer agree to extend it for up to two (2) additional three (3) month extensions.

In 2008 the SEE program period was modified to eliminate the two-three month extensions and allow up to a full twelve month period. In May 2010, the program expanded to offer SEE services to individuals who have applied for, are currently receiving or have exhausted their unemployment insurance benefits and whose household gross income does not exceed 300% of the Federal Poverty Level for Hawaii. In April 2011 the program period was modified not to exceed six months.

3. Work Experience, if Private Sector Employment is not Available

The Community Work Experience Program (CWEP) provides unsalaried work experience and training in the public sector. It is used when private sector employment is not available and it is determined that the TANF recipient needs this type of experience to enable them to adjust and learn how to function in an employment setting. CWEP activities serve as a training environment to improve the employability potential of participants and at the same time serve a useful public purpose.

4. Job Search and Job Readiness Assistance

These are employment directed activities in which participants seek out to obtain employment, receive training to prepare to seek or obtain employment, or receive substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. The immediate goal of these activities is to gain full or part-time employment. Job search is directed to the participant's interest and local job market conditions and may serve participants in either group or individual job-seeking activities, or a combination of both methods. Job readiness is in the form of group training where participants are educated in how to prepare to seek out employment opportunities, covering items such as interview skills, resume writing, and formal presentation.

5. Community Service Programs

This is an activity where participants gain work experience and training through placement with a public agency or private non-profit projects which serve a useful public purpose to the community.

6. Vocational Education Training

This is an activity where participants receive structured, specialized training from an organized educational program that is directly related to the preparation of individuals for employment in current or emerging occupations requiring training other than a baccalaureate or advanced degree.

In accordance to PI 2011-06, Hawaii as part of its vocational educational component assists individuals to train for employment in the healthcare field. Courses towards a certified nurse assistant (CNA) certificate are allowable activities. Participants involved with CWEP or Community Service Programs may be assisted by the organization such as a private hospital in obtaining CNA certification. The American Red Cross also provides training and accreditation to which participants are referred and funded by the State. Although vocational training to become a CNA is not strictly dedicated to eldercare many care homes and long term care facilities in Hawaii utilize certified nurse assistants to provide care.

8. Job Skills Training Directly Related to Employment

This is a post-secondary educational activity offered at the University of Hawaii, community colleges or post-secondary vocational training programs that lead to recognized careers for which there is or will be a demand in the job market. Such trainings are utilized where there is potential for upgrading a participant's skills and employment prospects. Job skills training must be combined with any of the work activities above (1-7, and 11) and can only be counted after a participant has completed their requisite core hours.

9. Education Directly Related to Employment

This activity includes education that expands a participant's ability to obtain employment or to advance or adapt to the changing requirements of the workplace. Such activities may include Adult basic education, English as second language, or General Educational Development (GED) or high school equivalency, where required as a prerequisite for employment or occupation. This activity must be combined with any of the work activities above (1-7, and 11) and can only be counted after a participant has completed their requisite core hours, or if a participant under 20 years of age, it may be the only activity they participate in if the participant has not completed secondary school or received such a certificate and it is performed at the level of the requisite core hours.

10. Satisfactory Attendance at Secondary School or Course of Study Leading to General Educational Development (GED) if the Recipient has not Finished Secondary School

A custodial parent under 20 years of age, who has not completed high school or an equivalent course of education, is required to participate in educational activities. The educational activity entails regular attendance, in accordance with the requirements of the secondary school or course of study at a secondary school, or in a course of study leading to a certificate of general equivalence.

11. Provision of Child Care Services to an Individual Who is Participating in a Community Service Program

This activity involves the provision of child care services to an individual who is participating in a community services program.

3.0 Work and Participation Requirements

3.1 Ready to Engage in Work

Hawaii requires a parent or caretaker receiving assistance to engage in work when the parent or caretaker is applying for assistance. An applicant's/recipient's work program status is determined at application, eligibility review, and whenever the individual's circumstances have changed. Individuals who are determined to be Work Eligible Individuals (WEI) are referred immediately to the FTW program. All individuals referred to FTW will be selected for services immediately.

Individuals determined to be Other Work Eligible Individuals (OWEI) because of disability, substance abuse, or domestic violence issues are referred to contracted service providers. These contracted agencies will provide case management and job preparation services. Eligibility for these services is reviewed at application, eligibility review, and whenever the individual's circumstances have changed.

3.2 Community Service Employment

Hawaii does not require community service employment for parents or caretaker relatives who are WEI and not engaged in work after two (2) months on assistance.

3.3 Satisfactory Attendance

Satisfactory attendance for teen heads of households who are attending secondary school or education directly related to employment is defined as up to three (3) unexcused absences per semester. More than three (3) unexcused absences would result in a sanction.

3.3 Child Care Exemption

Hawaii allows an exemption for single custodial parents with a child under the age of six (6) who does not work due to the unavailability of child care. A FTW participant who cannot find suitable child care may be deferred until such time as child care can be located. FTW staff will follow through by eliciting referrals to child care resources and reviewing the case once each month to determine the availability of care. Once care is located, the participant will be activated and required to participate.

3.4 Child Care Not Available

There is no sanction or penalty for a single custodial parent with a child under the age of six (6) who does not work due to the unavailability of child care. A FTW participant who cannot find suitable child care may be deferred until such time as child care can be located. FTW staff will follow through by making referrals to child care resources and reviewing the case once each month to determine the availability of care. Once care is located, the participant will be activated and required to participate.

4.0 Employment Placement Program

Hawaii is operating an employment placement program. Part of this program involves department staff negotiating job placement opportunities with private and public sector employers. In addition, the department has a contract with the State Department of Labor and Industrial Relations (DLIR) to conduct job development activities on behalf of clients. Clients are also referred to DLIR for Welfare-to-Work opportunities funded through the U. S. Department of Labor.

Also, through the Supporting Employment Empowerment (SEE) program, subsidized employment placements are aggressively pursued and secured to provide FTW participants a subsidized employment placement opportunity. Participants in the SEE program can be placed in a subsidized placement for up to a six month period.

5.0 Penalties on Individuals

5.1 Penalty for Noncompliance

When a recipient who is required to participate in the FTW program fails or refuses without good cause to participate in the FTW program, refuses without good cause to accept full-time employment, terminates full-time employment without good cause, or reduces full-time employment to less than full-time without good cause, the entire household shall be sanctioned as follows:

1. For the first such failure to comply, until the failure to comply ceases;

2. For the second such failure to comply, until the failure to comply ceases, or two (2) months, whichever is longer; and
3. For any subsequent failure to comply, until the failure to comply ceases, or three (3) months, whichever is longer.

5.2 Good Cause Provisions

Good cause exists under the following circumstances:

1. Child care for a child under six years of age is necessary for the individual to participate or continue participation in the FTW program or accept employment, and such care is not available;
2. The employment would result in the family of the participant experiencing a net loss of cash income. Net loss of cash income shall be determined as follows:
 - a. The department shall determine the family's total projected gross income. The total projected gross income shall include, but is not limited to, earnings, unearned income, and cash assistance that would have been received if the individual had not refused or terminated employment;
 - b. The department shall determine the total amount of necessary work-related expenses which would have been incurred if the individual had not refused or terminated employment. Work-related expenses shall include, but is not limited to, mandatory payroll deductions, actual cost of child care, transportation expenses, and cost of meals;
 - c. The necessary work-related expenses shall be deducted from the family's total projected gross income;
 - d. The net income amount determined in subparagraph (C) shall be compared to the financial assistance the family received at the time the offer of employment is made; and
 - e. The department shall determine that there is a net loss of cash income when the net income amount determined in subparagraph (C) is less than the financial assistance the family received at the time the offer of employment is made.
3. The department may consider other circumstances beyond the individual's control in determining whether there was good cause for non-compliance. Examples of circumstances beyond the individual's control include, but are not limited to:
 - a. Illness of the individual which is verified by a medical statement from a licensed physician or psychologist;
 - b. The individual's presence is required on a continual basis due to the illness of another household member and is verified by a medical statement from a licensed physician or psychologist;
 - c. The individual is experiencing a family crisis or change of individual or family circumstances, such as death of an immediate family member, the family is currently homeless, or the family experienced a natural disaster;

- d. Unsafe or unfair employment situations or inappropriate assignments that the department determines would not lead to full-employment or self-sufficiency;
- e. Self-employment that did not produce income equivalent to thirty hours per week or one hundred twenty hours per month of employment at the federal minimum wage after business expenses are deducted;
- f. There is a breakdown in transportation arrangements with no ready access to alternate transportation;
- g. The individual ends a sporadic work relationship that does not offer a reasonable possibility for permanent full-time employment and the individual is available to work full-time; or
- h. The individual's failure was the result of being a victim of domestic violence

5.3 Mandatory School Attendance

Hawaii does impose a sanction on a family for failure to ensure that minor dependent children attend school.

5.4 Secondary Education for Adults

Hawaii does not require and does not impose a sanction on a family that includes an adult who is older than 20 and younger than 51, if the adult does not have and is not working toward a high school diploma or equivalency. However, it is consistent with Hawaii's education policy to allow an adult to work toward a high school diploma or equivalency if combined with a work activity.

6.0 **Grievance Procedures**

The department enters into a written agreement with each work site in which it places individuals in work activities specifying that placements shall not displace employees or potential employees. Grievances include an opportunity for informal resolution.

The informal grievance process is composed of two stages. Complaints are presented to the supervisor of the DHS unit affected by the grievance. This is the unit that services the client whose placement negatively impacted another employee. The unit supervisor must resolve the grievance informally within ten (10) working days. If the complainant is not satisfied with this resolution, they may proceed to the second stage, which is presenting the complaint to the Program Administrator. The Program Administrator must also issue a decision within ten (10) working days.

Persons dissatisfied with attempts at formal resolution may request a hearing with the State. Hearings are conducted by the Department of Human Services, Administrative Appeals Office. The hearing must be held within 30 working days of the filing for an appeal and a decision must be issued within 60 working days of the appeal being filed. Challenges of this decision must be filed with the Administrative Law Judges, U. S. Department of Labor,

within 20 working days of receiving an unfavorable ruling from the department's administrative appeal decision.

7.0 Special Populations

7.1 Non-Custodial Minor Parents

Hawaii does not require non-custodial, non-supporting minor parents to fulfill community work obligations and attend appropriate parenting or money management classes after school.

7.2 Other Populations

Hawaii has contracted services for victims of domestic violence, individuals with physical or mental disabilities and those suffering from substance abuse. Specialists in the appropriate field screen each of these individuals. If they meet the required standards, they are referred for contracted services, which include case management, compliance requirements, treatment, and employment planning.

8.0 Supportive Services

8.1 Supportive Services to Active TANF Recipients

All TANF recipients who are employed or active with FTW are eligible for a child care subsidy. The subsidy is based on the hours of child care provided or the hours of the parent's employment, whichever is less. Once the need is established, the subsidy is actual cost up to the established maximum by type of care. There is no limit to the length of time that child care can be provided.

See Attachment C-1 for child care payment limits.

In addition to child care, TANF recipients who are active with the First-to-Work Program may be eligible for transportation costs, training and one-time work-related expenses, educational expenses, and treatment services.

See Attachment C-2 for on-going work-related payment expenses.

Educational expenses are allowed as paid and verified with the institution. However, the recipient is required to apply for financial aid and to reimburse the department for any duplicative benefits received.

8.2 Supportive Services for Former TANF Recipients

The state provides child care to all TANF families who become ineligible as a result of new or increased earned income. Eligibility for child care continues until the households income

exceeds the child care eligibility standard. To meet the child care eligibility standard the household's adjusted gross income must be equal to or less than 85% of state median income.

See Attachment C-3 for child care income eligibility limits.

Successful TANF recipients who will be exiting the program due to excess income may be eligible for one-time only work related expenses.

See Attachment C-4 for type of expense and dollar limit.

8.3 Support Services for TANF Recipient and Eligible Families

Enhanced Healthy Start, and other family support services either as direct TANF or TANF MOE funded services are available to families in support of TANF Purpose 4 and funded with Federal TANF funds.

State (General) funded medical services available to children up to 200% of the current or updated Federal Poverty Level of the Department of Human Services. The amount spent on the medical services for these children will be used towards meeting the MOE requirements. This change is effective October 1, 2005. Effective October 1, 2009 this service is federally funded and not counted toward meeting the MOE requirements.

State (General) funded medical services available to pregnant women up to 185% of the current or updated Federal Poverty Level of the Department of Human Services. The amount spent on the medical services for these pregnant women will be used towards meeting the MOE requirements. This change is effective October 1, 2005.

Case management and transitional services for homeless families regardless of their income. Homeless families, by the very reason of homelessness, are not subject to the eligibility requirements to receive any of these services. This change is effective October 1, 2004.

9.0 **Incentives**

The department will not administer an Individual Development Accounts (IDAs) program for TANF recipients. However, the department recognizes IDAs established by other approved agencies for the benefit of TANF recipients. The Hawaii Individual Development Accounts Collaboration and Alu Like, Inc. are two (2) agencies in Hawaii that were awarded "Assets for Independence" grants from the U. S. Department of Health and Human Services. We also honor the Housing and Urban Development (HUD) Section 8 development accounts. The department worked with these agencies to develop guidelines and procedures regarding IDAs. The department also promulgated administrative rules to support the IDA program. These rules were finalized on January 22, 2002. Effective April 18, 2014, all assets including IDA accounts are disregarded.

1.0 Continuation of Waivers1.1 1115 Waiver Demonstrations

Hawaii's TANF plan basically mirrored welfare reform policies approved as a section 1115 waiver demonstration, and the underlying AFDC and JOBS provisions that were not waived. Hawaii's demonstration project, "Pursuit of New Opportunities (PONO)" Program, was approved on August 16, 1996.

1.2 Demonstration Dates

The PONO waiver was approved as an eight (8) year demonstration project. PONO is the statewide welfare reform program. The program began December 1, 1996 and ended on September 30, 2004.

DRAFT

1.0 Out-of-Wedlock Births

In 1995, the “Children’s Vision”, a benchmarking initiative was started with 6,000 young people describing the type of Hawaii they wanted to live in. In September 1995, the Hawaii Adolescent Wellness Team was formed to attend a two (2) day Maternal and Child Health conference. The Wellness Team committed to developing a holistic framework and resource document. The Hawaii’s Adolescent Wellness Plan – Laulima In Action (or many hands working together) was the result of that commitment. In May 1997, Laulima In Action was finalized as a systemic approach in moving Adolescent Wellness forward on multiple levels. This strategic planning framework, based on best practices approaches, could prevent or reduce critical indicators among adolescents aged 10-18 years. This plan has identified specific goals from inception through the year 2010.

The Department of Human Services is a member of the Adolescent Wellness Team.

Teen Pregnancy Prevention Efforts of the Department of Human Services:

The department has contracts with private non-profit providers and Memoranda of Agreement (MOA) with the Department of Education (DOE). The services encompass the Teen Pregnancy Prevention effort to include alternative activities for children with after-school programs and community-based involvement.

The services discussed above and described below are implemented to prevent and reduce the incidence of out-of-wedlock pregnancies, TANF purpose 3. According to the *Helping Families Achieve Self-Sufficiency, A Guide on Funding Services for Children and Families through the TANF Program*, potential activities that would be reasonably calculated to accomplish purpose 3 include abstinence programs, services for youth, teen pregnancy campaigns, and after-school programs that provide supervision when school is not in session. All programs and services under this purpose are provided to youth in a before or an after-school setting.

The following is a brief description of each service or program provided under purpose 3 and is in effect through December 31, 2014. Services will be re-procured and anticipated to be in effect January 1, 2015.

- **Ola I Ka Hana Program:** Positive youth development provided by Goodwill Industries of Hawaii to at-risk youth to assist in completing school, obtaining and maintaining employment.
- **One to One Mentoring Program:** Provided by the Big Brothers Big Sisters of Honolulu to at-risk youth on Oahu.
- **Outreach Services for Homeless Youths:** Provided by Hale Kipa, Inc. to at-risk homeless youth in the geographic areas of Waikiki, Waianae, North Shore and Waimanalo.
- **Positive Mentoring for Youths:** After school activities provided by the YWCA.

- **Positive Youth Development:** Provided by Kokua Kalihi Valley to at-risk youth and needy adults for parenting education and counseling.
- **Positive Youth Development and Family Strengthening Services:** A Youth Services Center provided by the Boys and Girls Clubs of Hawaii Alliance for at-risk youths and their families during after-school hours, weekends and school intercessions and holidays. Service activities consist of a comprehensive delivery of community-based outreach which includes case management services such as counseling, mentoring and monitoring participation, and providing positive alternative activities related to teen pregnancy prevention, and family strengthening.
- **Teen Pregnancy and Family Strengthening Through Positive Youth Development:** A Youth Service Center program provided by the Salvation Army where at-risk youth and their families can access a continuum of services and resources. Service activities consist of a comprehensive delivery of community-based outreach, case management and positive alternative activities related to teen pregnancy prevention and family strengthening which are conducted and available during after-school hours, weekends and school intercessions and holiday.
- **Uniting Peer Learning, Integrating New Knowledge (UPLINK):** An activity-based after-school program through an agreement with the DOE, to proactively prevent middle school students from engaging in risky behaviors during the late afternoons when schools are not in session.
- **Pregnancy prevention services:** Provided by the Child and Family Services to enhance services currently offered to at-risk youth at Hale O Ulu School.

2.0 Statutory Rape

To provide education and training on the problem of statutory rape and to assure that teenage pregnancy prevention programs are expanded in scope to include men, the department:

1. Collaborates with the Child Advocacy Center, County Police Departments and community members in providing training on sexual and physical abuse issues;
2. Participates in planning efforts with community groups whose goals are to decrease the incidence of sexual assault and to provide counseling and treatment to victims, families and offenders;
3. Participates with other state agencies in both juvenile and adult sex offender treatment teams to ensure that offenders receive appropriate treatment to prevent sexual abuse;
4. For family members under the jurisdiction of the department and family court, counseling is provided to educate victims, offenders and other family members in the dynamics of sexual abuse to prevent further abuse.

3.0 Domestic Violence Option

Hawaii has implemented the domestic violence option as outlined in Part B, Section 5.4.

4.0 Non-Custodial Parent Programs

Hawaii does not offer any TANF programs that encourage non-custodial parents to participate in the rearing of their children.

5.0 Family Preservation Services

Hawaii encourages and supports the formation and maintenance of two-parent families. One of the primary hypotheses of the waiver was that families need two incomes to survive in our economy. Hawaii, therefore, decided to run parallel programs for one and two-parent families. There are no penalties for households that include two adults. Compliance with the Child Support Enforcement Agency (CSEA) is a condition of eligibility. Families who fail to comply, without good cause, are ineligible for financial assistance until they comply. Additionally, the department has had discussions with CSEA regarding Welfare-to-Work eligibility for absent parents and financial incentives to encourage participation.

The following is a brief description of each service or program provided under purpose 4 and is in effect through December 31, 2014. Services will be re-procured and anticipated to be in effect January 1, 2015.

- **Employment Enhancement Support:** Provided by The Institute of Human Services to support TANF eligible families experiencing homelessness.
- **Family Center Core Services:** Provided by Parents and Children Together to TANF eligible families. Counseling, training, life skills and budgeting services are provided to families residing in Kalihi with an emphasis on families residing in Kuhio Park Terrace public housing project.
- **Financial Literacy:** Provided by Alu Like Inc. to TANF eligible families to become financially literate.
- **Home Based Parenting and Family Counseling:** Provided by the Susannah Wesley Community Center and the Salvation Army to TANF eligible families in the Kalihi area and for graduates of substance abuse treatment and their families.
- **Job Preparation and Subsidized Transitional Housing Services:** Provided by the YWCA to expand transitional living services and increase existing services for financial literacy and life skills training to TANF eligible families.
- **Succeed at Homeownership:** Provided by Nanakuli Housing Corporation to TANF eligible families on the Leeward coast to succeed at home ownership by providing classes in home repair, access to reusable home building materials, financial literacy and the essentials of home ownership.

The State of Hawaii will operate a program to provide Temporary Assistance to Needy Families (TANF) so that children may be cared for in their own homes or in the homes of relatives; to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and to encourage the formation and maintenance of two-parent families.

Cash assistance is provided by TANF and work activity is provided by the First-to-Work (FTW) program.

The Chief Executive Officer of the State is Governor David Y. Ige.

CERTIFICATION THAT THE STATE WILL OPERATE A CHILD SUPPORT ENFORCEMENT PROGRAM

The State will operate a child support enforcement program.

CERTIFICATION THAT THE STATE WILL OPERATE A FOSTER CARE AND ADOPTION ASSISTANCE PROGRAM

The State will operate a foster care and adoption assistance program under the State Plan approved under part E and the State will take such actions as are necessary to ensure that children receiving assistance under such part are eligible for medical assistance under the State Plan under title XIX.

CERTIFICATION OF THE ADMINISTRATION OF THE PROGRAM

The Department of Human Services (DHS) is the agency responsible for the administration and supervision of the Temporary Assistance for Needy Families (TANF) program.

The State of Hawaii certifies that the 45 day comment period requirement was met; the State provided local government and private/public sector organizations the opportunity to comment on the plan, as required by federal statute. The department also gives notice and seeks comment from the public any time it amends its regulations.

CERTIFICATION THAT THE STATE WILL PROVIDE INDIANS WITH EQUITABLE ACCESS TO ASSISTANCE

The State will provide each member of an Indian tribe, who is domiciled in the State and not eligible for assistance under a tribal family assistance plan approved under section 412, with equitable access to assistance under the State program funded under this part attributable to funds provided by the Federal Government.

CERTIFICATION OF STANDARDS AND PROCEDURES TO ENSURE AGAINST PROGRAM FRAUD AND ABUSE

The State has established and is enforcing standards and procedures to insure against program fraud and abuse, including standards and procedures concerning nepotism, conflicts of interest among individuals responsible for the administration and supervision of the State program, kickbacks, and the use of political patronage.

PUBLIC AVAILABILITY OF STATE PLAN SUMMARY

The State makes the State Plan available to the public on its website.

OPTIONAL CERTIFICATION OF STANDARDS AND PROCEDURES TO ENSURE THAT THE STATE WILL SCREEN FOR AND IDENTIFY DOMESTIC VIOLENCE

The State has elected the option to develop standards and procedures to screen for and identify individuals with a history of domestic violence, while maintaining confidentiality, so that victims of such violence who are receiving assistance may be referred for counseling and supportive services. The State has developed regulations so that victims of domestic violence may be suspended from certain program requirements, such as work requirements and child support cooperation requirements, when compliance would place the individual or other household members in danger of further domestic violence.

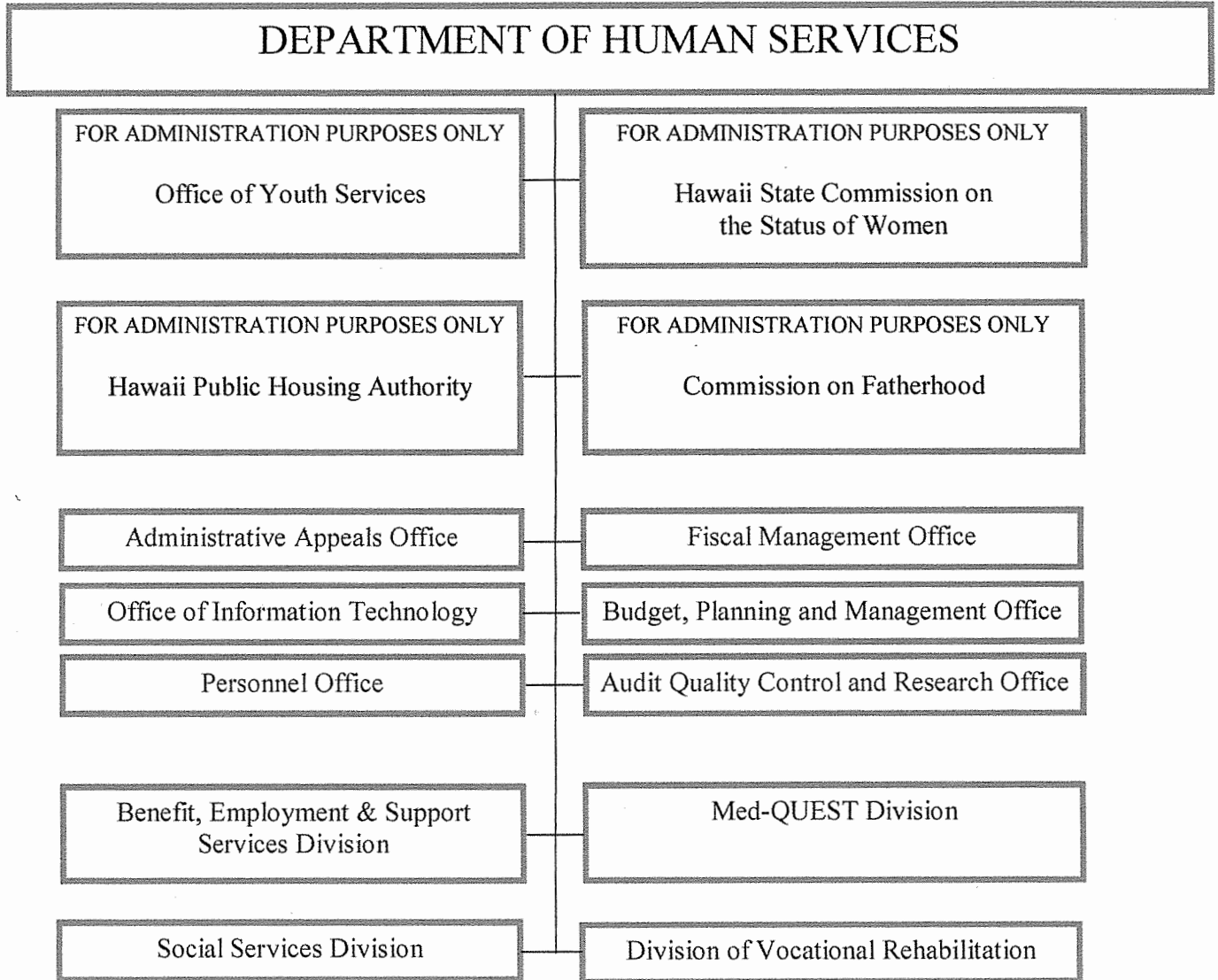
Certified by the Governor of Hawaii:

Date

David Y. Ige

Attachment A-1	DHS Organizational Chart
Attachment A-2	DHS 1240 - Application for Financial and SNAP Assistance
Attachment A-3	How to Use Your Kokua EBT Card
Attachment B-1	DHS 1259 – First-to-Work Referral and Requirements
Attachment B-2	DHS 1242 – TANF Memorandum of Understanding
Attachment B-3	DHS 1260 – Self-Declaration Screening Form to Claim Domestic Violence Victim Status
Attachment C-1	Full and Part-Time Tiered Reimbursement Rates for Child Care
Attachment C-2	DHS 736 - On-Going Work Related Expenses
Attachment C-3	Child Care Gross Income Eligibility Limits and Sliding Fee Scale
Attachment C-4	DHS 737 - One Time Work Related Expenses for Individuals Exiting TANF Due to Employment

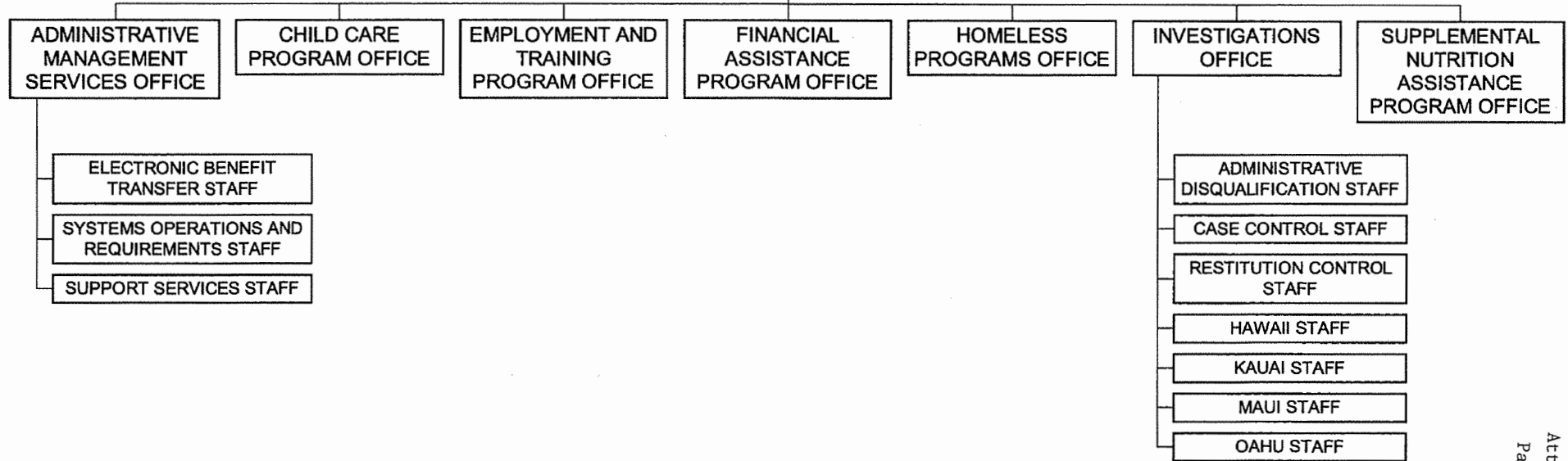
State of Hawaii, Department of Human Services
Organizational Chart
(January 2014)



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES DIVISION

BENEFIT,
EMPLOYMENT, AND
SUPPORT SERVICES
DIVISION



STATE OF HAWAII
Department of Human Services
BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES DIVISION

APPLICATION FOR FINANCIAL AND SNAP ASSISTANCE

FOR OFFICIAL USE ONLY			
CASE NAME			
CATEGORY/CASE NUMBER		BRANCH	UNIT
WORKER CODE	WORKER'S NAME		PHONE
<input type="checkbox"/> FORM MAILED	<input type="checkbox"/> GIVEN	DATE	

APPLICATION FILING: The day your application is received is the date from which your eligibility for benefits will be determined. Benefits will be paid from that filing date if you are eligible. If you are unable to fill out the application now, just complete your name, address and signature below and turn it in. You must still answer the rest of the questions on the application form before benefits are issued. If you cannot complete the application the eligibility worker will help you. If you are currently residing in a public institution and will be released within 30 days, you may file your application today but the date of application will be the day of release from the institution.

DATE SIGNED FORM RETURNED

PLEASE PRINT CLEARLY

I would like to apply for the following types of benefits: Money Supplemental Nutrition Assistance Program (SNAP)

YOUR NAME (Last, First, M.I.)		YOUR SOCIAL SECURITY NO.	BIRTHDATE	PHONE NO.
SPOUSE'S NAME (Last, First, M.I.)		SPOUSE'S SOCIAL SECURITY NO.	SPOUSE'S BIRTHDATE	MESSAGE PHONE NO.
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRECTIONS TO YOUR HOME)		APT/SPACE NO.	CITY & STATE	ZIP CODE
YOUR MAILING ADDRESS (IF DIFFERENT FROM ABOVE NUMBER AND STREET)		APT/SPACE NO.	CITY & STATE	ZIP CODE
HOW MANY PERSONS PURCHASE FOOD AND PREPARE MEALS WITH YOU? (INCLUDE YOURSELF)	HOW MANY PERSONS DO NOT PURCHASE FOOD AND PREPARE MEALS WITH YOU?	ARE THEY RELATED TO ANYONE IN YOUR HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY CHILDREN LIVE WITH YOU?
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE WHO NAME:			WHEN IS THE BABY DUE? DATE:

SIGNATURE OR MARK OF ADULT APPLICANT _____ DATE _____

SIGNATURE OR MARK OF SPOUSE OR OTHER ADULT APPLICANT _____ DATE _____
(This signature is required for Money Assistance only)

WITNESS IF SIGNATURES ARE "X" _____ DATE _____

APPOINTMENT NOTICE: When your application is received, an Appointment Notice for your interview will be sent or given to you. You must be interviewed before you can receive benefits. A telephone interview may be conducted in lieu of an office interview. To shorten the processing time, you should submit proof of information and verification as noted on your appointment letter. You may be asked at the interview to submit more information. If you miss your appointment, or need to change it, you must call the local office to reschedule. The following action will be taken if you miss your appointment:

- For SNAP, if you do not reschedule by the 30th day from the day you filed your application or the last day of your certification, your application will be denied. If your application is denied, you may be required to reapply to receive benefits. You may lose benefits for failing to appear at your interview.
- For cash benefits, if you do not reschedule your appointment date, your application will be denied within the time limits specified by our policies. If you are currently receiving benefits, they may be stopped if you do not reschedule the missed appointment. If benefits are denied or stopped, you may reapply if you still want benefits.

AFTER YOUR INITIAL INTERVIEW WE ENCOURAGE YOU TO REPORT CHANGES AS SOON AS THEY HAPPEN, THIS MAY PREVENT ANY DELAYS IN BENEFITS TO YOU.

INTERVIEW INFORMATION: An interview must be completed before you can receive help. A single interview is sufficient when applying for SNAP and financial benefits. Appointments are scheduled according to the date you apply, with the earliest application given the first available appointment. You will be notified of the date and time of your appointment. **EXCEPTION:** If you meet the EMERGENCY ASSISTANCE requirements, you will be interviewed and provided financial benefits within two (2) working days and/or SNAP within seven (7) calendar days from the date of application. Answer the EMERGENCY ASSISTANCE questions below only if you need help right away.

YOU MAY GET SNAP WITHIN SEVEN (7) CALENDAR DAYS IF YOUR HOUSEHOLD:

- Monthly rent/mortgage and utilities are more than your household's gross monthly income and liquid resources; or
- Gross monthly income is less than \$150 and your household's liquid resources, such as cash or checking/savings accounts, are \$100 or less; or
- Is a seasonal farmworker household whose income terminated prior to applying, is not expecting income of \$25 within the next 10 days and has liquid assets of less than \$100.

CHECK THE BOX FOR EACH TYPE OF EMERGENCY ASSISTANCE YOU ARE APPLYING FOR: Financial SNAP

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your home a seasonal farm worker whose only source of income for the month terminated before applying and income of less than \$25 is expected within the next 10 days?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your home have cash or savings or bank accounts? If yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your home received money this month? If yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your home expect to receive any money this month? If yes, how much? _____ When? (Date) _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently paying any of the following shelter expenses? If yes, list the amounts: Rent/Mortgage _____ Electric _____ Gas _____ Water _____ Phone _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been served court papers to get out of your present living arrangements? (Attach papers)
<input type="checkbox"/>	<input type="checkbox"/>	Are you living in an agency temporary facility and have to get out in five days? If yes, name of facility? _____

Refer to codes below for responses to questions marked with the corresponding asterisk symbols (*)

1. HOUSEHOLD MEMBERS

On line #1, enter the name of the primary person who will receive the money and/or SNAP benefits for your household. If spouse is in the household, list spouse on line #2. Then list the other household members who are applying for assistance. For money assistance applicants, if anyone in the home is pregnant, list "unborn child" as a household member. All other household members not applying for assistance shall be listed under section #2.

Last Name, First, M.I.	SEX M/F	R E T L O A T I P I E O R N S O H N I # P.1	BIRTHDATE MO/DA/YR	SOCIAL SECURITY NUMBER (42 USC 1320b-7 requires that SSN's be provided for each household member applying for assistance.)	(**) E T H N I C	(***) R A C E	(***) M S T R A T I T U A S L	YES or NO D I S A B L E D	H I C G O H M E P S L E C T R E A D E	NAME OF CHILD'S PARENT(S) IF NOT IN THE HOME	Was child's mother married to child's father at time of birth? (Check one)	
											Yes	No
1.												
OTHER NAMES USED			AGE:									
2.												
OTHER NAMES USED			AGE:									
3.												
OTHER NAMES USED			AGE:									
4.												
OTHER NAMES USED			AGE:									
5.												
OTHER NAMES USED			AGE:									
6.												
OTHER NAMES USED			AGE:									
7.												
OTHER NAMES USED			AGE:									
8.												
OTHER NAMES USED			AGE:									

2. HOUSEHOLD MEMBERS WHO DO NOT WANT HELP

Write in the names of others in your home who do not want assistance (include yourself if you do not need help.) These people do not need to give us information about their citizenship, immigration status or social security number. These people will not be considered applicants and will not be eligible, however, they may need to tell us about their income and answer the other questions on this form.

1.			AGE:	
2.			AGE:	
3.			AGE:	
4.			AGE:	

3. Is anyone temporarily out of the home?

Yes No

Name	Date Left	Date to Return	Where Person Went

(*) Relationship Codes to Person #1:			(**) Ethnic Codes - Select only one code	(***) Marital Status Codes:
SP - Spouse	GR - Grandparent	EX - Ex-Spouse	HI - Hispanic NH - Not Hispanic	NM - Never Married
PA - Parent	GC - Grandchild	SS - Step Sibling	(***) Race Codes - Select one or more codes below	ML - Married, Living With Spouse
CH - Child	NR - Not Related	ST - Step Parents		WH - White
SI - Sibling	OR - Other Related	CL - Common Law	BL - Black	LS - Legally Separated
AU - Aunt/Uncle	UB - Unborn	CO - Cousin	AI - American Indian or Alaskan Native	MS - Separated
NN - Niece/Nephew	FC - Foster Child	SC - Step Child	HA - Hawaiian	MI - Married, Involuntary Separation
			SA - Samoan	WI - Widowed
			JA - Japanese	CL - Common Law
			KO - Korean	
			CH - Chinese	
			FI - Filipino	
			OA - Other Asian	
			OP - Other Pacific Islanders	

(This question is optional to answer. Failure to answer will not affect eligibility)

FINANCIAL APPLICANT'S REPRESENTATIVE

I permit the following individual to be my representative TO APPLY FOR FINANCIAL (CASH) ASSISTANCE on my behalf, as I am unable to do so myself (elderly, handicapped, foster child, etc.). Enter the name and address of applicant's representative below.

Representative's Name (Last, First, M.I.)	Representative's Address (Number, Street, Apt., City, State, Zip Code)	Phone No.
---	--	-----------

SNAP AUTHORIZED REPRESENTATIVES

I permit the following individual to be my representative TO APPLY FOR SNAP assistance on my behalf. (Include individual's name or the licensed alcohol or drug treatment facility or group living arrangement representative.)

Representative's Name (Last, First, M.I.)	Representative's Address (Number, Street, Apt., City, State, Zip Code)	Phone No.
---	--	-----------

ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE

I permit the following individual to HAVE ACCESS TO MY CASH ASSISTANCE. Yes No
 I permit the following individual to HAVE ACCESS TO MY SNAP BENEFITS and to purchase my food. Yes No
 This representative will be issued an EBT card and PIN (personal identification number). (Include the individual's name or the licensed alcohol or drug treatment facility or group living arrangement representative. The date of birth and social security number will be used for security purposes only.)

Representative's Name (Last, First, M.I.)	Date of Birth	Social Security Number
Representative's Address (Number, Street, Apt., City, State, Zip Code)		Phone No.

**QUESTIONS 4 THROUGH 35 ARE TO BE ANSWERED
FOR ONLY THOSE WHO ARE APPLYING FOR ASSISTANCE.**

4. Is anyone a disabled U.S. veteran or a disabled spouse or a child of a deceased U.S. veteran? Yes No
If yes, name: _____

5. Is anyone (including children) disabled? Yes No If yes, name of disabled person(s): _____
 They could be eligible for Supplemental Security Income (SSI) or SSA Disability or Blindness benefits.

6. Is anyone in the household fleeing a felony warrant for arrest; a parole/probation violator; or been convicted of a Federal or State felony for possession, use or distribution of illegal drugs? Yes No If yes, name(s): _____

7. **CITIZEN STATUS DECLARATION.** One household member must certify under penalty of perjury the citizenship status of each household member. The Department of Human Services (DHS) may validate the alien status/document with the Immigration and Naturalization Service (INS), the INS will furnish information only as allowed by the IRCA legislation, the INS is not allowed to institute any adverse action against you based on the DHS inquiry, and the information received from the INS may affect your eligibility or amount of benefits from our Department. **I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION BELOW ON EACH HOUSEHOLD MEMBER IS CORRECT.**

Signature of Adult Applicant: _____ Date: _____

(CHECK ONE)					COMPLETE IF YOU ARE A NON-U.S. CITIZEN						
Name	US	US Nat'l	Non-US Cit.	Birthplace	Date of Entry	Immigration Status	Effective Date Of Status	INS Form or Alien Registration Number	Do you, your spouse, or parent have 40 yrs. of work? (Y/N)	Veteran or Active Military? (Y/N)	Spouse or Dep. Child of Veteran or Act. Military? (Y/N)

NOTE: If you are a permanent alien, you will be required to provide verification of work history.

8. If sponsored non-U.S. citizen or refugee, give name, address, and phone number of the sponsor(s).

Name	Address	Phone

9. What is the primary language spoken in your home? _____
 How well is English spoken in the home? (Check only one box)

Does not speak or understand English
 Limited understanding
 Speaks well, does not read or write English
 Speaks well, limited reading and writing skills
 Speaks well, adequate reading and writing skills

Do you need an interpreter? If needed, an interpreter will be provided free of charge.
 Yes. What language: _____
 No. I will provide my own interpreter or have a family member or friend who can interpret for me.

10. Has anyone ever received financial or SNAP assistance? Yes No

NAME	Type of Assistance	Date Last Received	County/State Last Received

11. Has any household member been disqualified from the SNAP or financial assistance programs?
 Yes No If yes, list name, program, disqualification period, county and state.

NAME	PROGRAM	DISQUALIFICATION PERIOD	COUNTY/STATE

12. For SNAP applicants/recipients only: if you are age 18 through 49, and are an able-bodied adult without dependents (ABAWD), you will only be eligible for three months of assistance in a 36-month period unless you meet additional work/training requirements. You must be employed or participating in an eligible work/training program for 20 hours weekly. Have you participated in a job training program under the Employment and Training (E&T) program, Workforce Investment Act or Trade Adjustment Assistance Act? Yes No

NAME	Job or Training Program	Participation Dates

13. Is anyone on strike? Yes No If yes, name? _____

14. List the person(s) who is needed in the home to care for a disabled person. _____

15. Does anyone have any of the items listed below? Include assets owned as of the first of the month and assets which are co-owned with anyone who does not live with you. Check "Yes or No" for each item. Include other assets not listed in blank spaces provided below.

FINANCIAL ACCOUNTS

YES	NO	ASSETS	NAME OF PERSON(S) ON ACCOUNT	NAME OF FINANCIAL INSTITUTION & BRANCH	ACCOUNT NO.	AMOUNT
		Checking Accounts: Personal/Business				\$
		Savings Accounts				\$
		Credit Union Accounts				\$
		Christmas Savings				\$
						\$
						\$
						\$

LIQUID ASSETS

YES	NO	ASSETS	NAME OF PERSON(S) ON ACCOUNT	NAME OF FINANCIAL INSTITUTION & BRANCH	ACCOUNT NO.	AMOUNT
		Cash on Hand				\$
		Tax Refund/Tax Credit				\$
		Stocks/Bonds (savings bonds)				\$
		Money Market/ Time Certificate				\$
		IRA/KEOGH Deferred Comp.				\$
						\$
						\$

OTHER ASSETS

YES	NO	ASSETS	PERSON(S) LISTED AS OWNERS	LOCATION/ADDRESS OF ITEM	MARKET VALUE	AMOUNT OWED	EQUITY
		Your Home/Mobile Home			\$	\$	\$
		Other Houses/Land/ Buildings			\$	\$	\$
		Agreement of Sale of Real Property			\$	\$	\$
		Burial Plans/Cemetery Plot			\$	\$	\$
		Life Insurance-List all Policies			\$	\$	\$
		Other (Specify, i.e. Jewelry, TV, Radio, Stereo, Musical Instruments, Hobby Items, Etc.)			\$	\$	\$
					\$	\$	\$

TRANSFER OF PROPERTY

16. Has anyone sold, traded, transferred or given away money, vehicles, property, or other resources/assets in the last 3 months (if applying for SNAP only), or in the last 24 months (if applying for financial assistance)?

Yes No If yes, complete below:

ITEM SOLD, TRADED, ETC.	DATE	REASON FOR SELLING, TRANSFERRING, ETC.	ACTUAL VALUE OF ITEM	AMOUNT OWED	AMOUNT RECEIVED
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

STUDENT INFORMATION

17. Is anyone aged 16 years and older a student? Yes No If yes, complete below:

NAME OF STUDENT	NAME OF SCHOOL	FULL TIME?	PART TIME?	START DATE MO./DAY/YR.	END DATE MO./DAY/YR.

18. Has anyone applied for admission to a college, training, or vocational school? Yes No Name: _____

UNEARNED INCOME

19. Is anyone receiving, expect to receive, or have an application pending for any type of income listed below? Check "Yes or No" for each source of income. If "Yes" is checked, complete the information about the item.

YES	NO	PEND- ING	SOURCE OF INCOME	PERSON WHO RECEIVES INCOME	MONTHLY AMOUNT	HOW OFTEN RECEIVED? (MONTHLY/WEEKLY)
			Social Security		\$	
			Supplemental Security Income (SSI)		\$	
			Assistance Payments from Another State		\$	
			Unemployment Benefits		\$	
			Housing Authority (HUD, Section 8), Energy Assistance		\$	
			Child Support, Alimony		\$	
			Money from friends, relatives, charities, contributions, gifts, etc.		\$	
			Blood/Plasma income		\$	
			Interest/Dividends/Royalties		\$	
			Veteran's Benefits, Railroad Retirement, other Governmental Benefits		\$	
			Retirement/Pension, Profit Sharing, Annuity Pmts.		\$	
			Temporary Disability Insurance/Worker's Compensation		\$	
			Training Allowance, Vocational Rehabilitation, JTPA		\$	
			Foster Care Payments		\$	
			Strike Pay		\$	
			Military Enlistment Bonus		\$	
			Military Allotment		\$	
			Money from land/building sales, rentals or leases (to include agreement of sales)		\$	
			Prizes, Cash, Gifts, Awards		\$	
			Insurance Settlements		\$	
			Reapplication or Appeal of a Denied Benefit (such as SSI or Unemployment benefits, etc.)		\$	
			Other (Specify)		\$	

EARNED INCOME

20. Give record of all places where you have worked. (Begin with most recent job)

Name, Address, and Phone Number of Employer	From: Mo/Dav/Yr.	to: Mo/Dav/Yr.	Reason for Leaving	Date(s) Last Paid
Applicant:				
1.				
2.				
3.				
Spouse:				
1.				
2.				
3.				

21. Is anyone working? Yes No If Yes, complete and bring verification to the interview.

PERSON EMPLOYED					JOB TITLE	
EMPLOYER					DATE STARTED	
ADDRESS					PHONE	
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
PERSON EMPLOYED					JOB TITLE	
EMPLOYER					DATE STARTED	
ADDRESS					PHONE	
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
PERSON EMPLOYED					JOB TITLE	
EMPLOYER					DATE STARTED	
ADDRESS					PHONE	
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	

22. Is anyone self employed, earning money from a business, baby-sitting, out of home sales, repairing cars, swap meets, garage sales, arts, crafts, etc? Yes No If Yes, complete the following and bring verification to the interview.

SELF-EMPLOYED PERSON	TYPE OF BUSINESS	HOURS WORKED PER WEEK	MONTHLY GROSS	MONTHLY EXPENSES
			\$	\$
			\$	\$

23. Does anyone receive money from roomers or boarders? Yes No If Yes, complete the following:

ROOMER'S/BOARDER'S NAME	MONTHLY AMOUNT RECEIVED	
	ROOM	BOARD
	\$	\$
	\$	\$
	\$	\$

24. Does anyone expect a change in income (such as a new job, a change in wages, etc.)? Yes No
If Yes, complete the following:

NAME OF PERSON	EXPLAIN	DATE OF CHANGE

COMPLETE FOR SNAP ONLY DEDUCTIBLE EXPENSES

EXPENSES ARE USED AS A DEDUCTION IN THE DETERMINATION OF THE AMOUNT OF SNAP YOUR HOUSEHOLD MAY BE ENTITLED TO RECEIVE. FAILURE TO REPORT OR VERIFY EXPENSES WILL BE SEEN AS A STATEMENT BY YOUR HOUSEHOLD THAT YOU DO NOT WANT TO RECEIVE A DEDUCTION FOR THE UNREPORTED OR UNVERIFIED EXPENSE. TO CLAIM EXPENSES IN THE FUTURE YOUR HOUSEHOLD WILL NEED TO REPORT AND VERIFY EXPENSES.

SHELTER EXPENSES

25. Does any person or agency outside your household help pay for or provide, at no cost to you, any of the expenses listed below?
 Yes No If Yes, () the expense(s):
 Rent Utilities Taxes Mortgages Personal Supplies Food Household Supplies
 Medical Care Clothing Other _____
 If Yes, what person or agency helps pay or provide the expense(s)? _____
 Do you need to pay them back? Yes No

26. Is anyone in your household working off any part of the rent? Yes No If Yes, indicate amount \$ _____
 27. Do you live in Public Housing? Yes No
 28. Check Yes or No and complete information for each item:

YES	NO	ITEM	HOW OFTEN BILLED (Monthly, Weekly)	CURRENT BILLED AMOUNT	YES	NO	ITEM	HOW OFTEN BILLED (Monthly, Weekly)	CURRENT BILLED AMOUNT
		Rent					Gas		
		Boat Slip					Propane, Kerosene, Coal, Wood		
		Mortgage/2nd Mortgage					Telephone		
		Sales/Local Property Tax/ Assessments					Utility Installation Fees		
		Homeowner's Insurance					Unoccupied Home Expenses		
		Water					Car Payment (If car is used as a home)		
		Garbage, Sewer, Trash Collection					Car Insurance (If car is used as a home)		
		Electricity					Other (Specify)		

LIST YOUR LANDLORD'S NAME, ADDRESS AND PHONE NUMBER

29. Are you billed separately for utility cost? Yes No If Yes, () check the utilities:
 Electric/Gas Water Sewer/Trash
 If yes, choose one of the following options "A" or "B" for each utility billed separately:
 Electricity/Gas _____ Water _____ Sewer/Trash _____
A. Standard Utility Allowance (SUA)
 The SUA is an amount which reflects the average statewide amount spent for specific utilities and other mandatory fees. You may choose to have either the actual cost or the SUA for each utility cost used in determining the SNAP shelter cost deduction amount.
B. Actual Utility Costs
 If you Choose to use ACTUAL COSTS, you will need to verify these costs.
 ANY QUESTIONS REGARDING THESE OPTIONS CAN BE DISCUSSED WITH YOUR WORKER. ONCE YOU SELECT AN OPTION, YOU CAN CHANGE IT ONLY ONE TIME IN 12 MONTHS.
 30. Does your room or rent payment include meals? Yes No If Yes, complete the following:

PAYMENT ROOM/MEALS	NO. OF MEALS PROVIDED PER DAY	MONTHLY AMOUNT
\$ _____	_____	\$ _____

ALIMONY/CHILD SUPPORT EXPENSES

31. Does anyone pay alimony, child support, or make payments for those whom you claim as tax dependents and do not live in your home?
 Yes No If Yes, complete the following:

TYPE OF PAYMENT	AMOUNT	HOW OFTEN PAID	NAME OF PERSON PAID
	\$		
	\$		

DEPENDENT CARE EXPENSES

32. Does anyone pay or is anyone billed for the care of a child or disabled adult so someone can work, attend school or training, or look for work?
 Yes No If Yes, complete the following:

NAME OF PERSON RECEIVING CARE	NAME OF PERSON PAYING CARE	BILLING		NAME AND ADDRESS OF PERSON PROVIDING CARE
		YOUR SHARE MONTHLY	TOTAL DUE MONTHLY	

MEDICAL EXPENSES

33. MEDICAL EXPENSES. List current medical bills and estimate for anticipated medical expenses for the next 12 months for members of your household who are: (1) age 60 or older, (2) receiving Supplemental Security Income (SSI), Social Security Disability or Blindness payments, Railroad Retirement or other government disability payments, (3) entitled to, but not receiving SSI or Social Security Disability or Blindness Benefits, (4) a disabled veteran, or (5) a disabled spouse or a child of a deceased Veteran. Medical bills/expenses include Medicare premiums, health and hospitalization insurance premiums, prescription drugs, doctor and dental bills, medical transportation costs, glasses, dentures, hearing aids, service of a nurse, or attendant, etc.

NAME OF PERSON THE EXPENSE IS FOR	ACTUAL AMT. BILLED	ESTIMATED EXPENSE	HOW OFTEN BILLED (MONTHLY, WEEKLY)	NAME OF DOCTOR, HOSPITAL PHARMACY, INSURANCE COMPANY
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

(1) SOCIAL SECURITY NUMBER(SSN):

Pursuant to 42 USC 1320b-7, the SSNs of persons applying for and receiving help in the Financial and SNAP will be used to check identities of household members prevent duplicate participation, verify income/asset amounts and to do mass changes. SSNs will also be used in program reviews or audits and in computer matching with the Internal Revenue Service, State Department of Labor, and Social Security Administration to make sure your household is eligible. This may result in criminal or civil action of administrative claims against persons fraudulently participating in the Financial Program and SNAP.

(2) YOU HAVE THE RIGHT:

- To discuss any action regarding your case with your worker or the supervisor if you are dissatisfied.
- To be notified in advance before your benefits are reduced or discontinued.
- To ask for a hearing in writing, or orally for SNAP, if you are dissatisfied with any action by the DHS, and to ask the Legal Aid Society of Hawaii, or anyone you want, to help get a hearing. Your case may be presented at the hearing by any person you choose.
- To have your record kept confidential.
- To have a bilingual or sign-language interpreter. All our oral and written communication to you will be in English. If you do not understand what you hear or read, please contact your worker right away.
- In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination with the Department, contact the Civil Rights Compliance office at 1390 Miller Street Room 214, or call (808) 586-4955, or contact USDA or HHS Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, SW., Washington, D.C. 20201 or call (202) 614-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

(3) YOUR RESPONSIBILITIES:

All households (Simplified and Change Reporting) must apply for and accept all potential sources of income and assets. Failure to do so may result in benefits stopping and ineligibility.

SIMPLIFIED REPORTING HOUSEHOLDS

If your household is determined to be a Simplified Reporting household you are required to complete a Six Month Report form. You are only required to report the following items on your Six Month Report: any change in residence; new employment; earned income verification and self-employment expenses all other sources of income; changes in household composition; and any changes in resources. For the SNAP, you must also report a change in shelter cost if you have moved and any changes in legal obligation to pay child support.

In addition to the Six Month Report, you will have to report the following within 10 days of the change for the financial assistance programs: any change in household composition and when the household's total gross income exceeds 100% of the Federal Poverty Limit (FPL). For the SNAP, you are required to report when the household's total gross income exceeds 130% of the FPL. For SNAP households that include a member who is considered an able-bodied adult without dependents (ABAWD), you must report when work or training hours decrease below 20 hours a week or termination of employment or training. Households receiving assistance from more than one program shall report the changes as required for each program. Changes may be reported in writing, in person or by telephone.

REPORTING CHANGES FOR ALL OTHER HOUSEHOLDS

Households who are not simplified reporting households shall be required to report the following changes within ten days of the date the change becomes known; or if the change involves income, the change must be reported within ten days of the date that the first payment is received.

- Unearned Income: A change in the source of unearned income and a change of more than \$50 in the amount of unearned income, except changes related to the financial assistance grant. Examples of unearned income: Supplemental Security Income (SSI); Unemployment Compensation (UIB); Veteran's Benefits (VA); Tax Refunds; Insurance Settlements; Inheritance, gifts or contributions from relatives; dividends pensions, retirement or Social Security benefits, child support and alimony, etc.
- Earned Income: All changes in earned income, including starting, stopping or changing a job. Receipt of irregular earned income, for example, commissions, lumpsum payments, etc.
- Household Composition: All changes in household composition, such as the addition or loss of a household member.
- Assets: When cash on hand, stocks, bonds, and money in a bank account or savings institution reaches or exceeds the program's asset limit.
- Changes in Residence and Shelter Costs: A change in residence, and for the SNAP the resulting change in shelter costs.
- Child Support Obligations: For the SNAP, any change in legal obligation to pay child support.

ELECTRONIC BENEFITS TRANSFER (EBT) You are responsible to report lost, stolen, or misused EBT CARDS immediately by calling the EBT toll-free customer service number, or by accessing the EBT website at www.ebtaccount.JPMorgan.com. There will be no replacement of any benefits accessed with an EBT card prior to the card being reported lost, stolen or misused. You are responsible to report immediately any changes in the status of your alternate payee. There will be no replacement of any benefits accessed by alternate payees or any other individuals using an EBT card and a valid PIN. Benefits not withdrawn for 90 days for cash assistance accounts and for 365 days for SNAP accounts will be returned to the state.

(4) PENALTY WARNING:

- Do not make any false statements or hide any information. Sanctions and court prosecution may be pursued under applicable state and federal laws.
- Do not do anything dishonest to get money and SNAP benefits which you are not supposed to get.
- Do not give, trade or sell your SNAP benefits or EBT card to anyone else.
- Do not alter or use someone else's SNAP or EBT card for your household.
- Do not use your SNAP benefits or EBT card to buy ineligible items such as alcoholic drinks and tobacco.
- For the financial assistance program, an intentional program violation disqualification penalty is twelve months for the first violation, twenty-four months for the second violation and permanently for the third or more violations.
- For the SNAP, any household or family member who intentionally breaks SNAP rules, can be fined up to \$250,000, imprisoned up to 20 years or both. A member of your household can be barred from SNAP for one year for the first violation; two years for a second violation and permanently for the third or any subsequent violation and an additional 18 months if court ordered. The individual may also be subject to further prosecution under other applicable Federal laws. A member convicted of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives is permanently ineligible to participate in SNAP. Individuals convicted of trafficking SNAP benefits of \$500 or more are permanently ineligible.

Individuals found guilty to have used or received SNAP benefits in a transaction involving the sale of controlled substance are ineligible to participate for two years for first violation and permanently for the second violation. Individuals who have committed and been convicted of Federal or State felonies after 8/22/96 for possession, use or distribution of illegal drugs and who refused to comply with treatment or with a treatment program are ineligible for the program. An individual is ineligible to participate in the financial and SNAP for 10 years if found to have filed more than one application at the same time and have given false identification or residence information. Fleeing felons and probation/parole violators are ineligible for the financial and SNAP.

(5) YOUR AUTHORIZATION:

- I agree that the information I provide to the Department will be subject to verification by Federal, State and local officials to determine if such information is factual; and if any information is incorrect, SNAP benefits may be denied; and I may be subject to criminal prosecution for knowingly providing incorrect information.
- I authorize the Department to check with any financial institution, including, but not limited to, banks, savings and loan associations, thrift companies and credit unions, to verify that I am eligible for help. I authorize any financial institution to provide the Department information, including information on the existence and nature of and amount in any account I may have with the financial institution.
- I agree to provide the necessary documents to verify the statements I have made. If documents are not available, I agree to give the name of person or organization (such as doctor, employer, State or Federal agency) whom the Department may contact for information about me which may be needed to show that I am eligible for help.
- I agree to cooperate with the Department, Federal Quality Control reviewers and/or auditors if my case is selected for a review.
- I understand that the Department may need to release information about me for purposes connected with the administration of the Department's assistance program, or the administration of federally assisted programs which provides assistance on the basis of need.
- I understand that the Department will obtain and exchange information about me to verify my income and eligibility from the Internal Revenue Service and exchange information about me with the Social Security Administration, Department of Labor for wages and Unemployment Compensation, and agencies in all states administering the Income Eligibility Verification System.
- I understand that if SNAP benefits are issued before a determination of financial eligibility is made, that the amount of SNAP benefits may be reduced without further notice as long as I am notified of this possibility on the notice approving SNAP benefits.
- I understand that my residence and business address may be released to law enforcement officers if needed for an official administrative, civil, or criminal law enforcement purpose, or to identify a recipient as a fugitive felon or a parole violator.
- I understand that if my EBT account becomes inactive because I failed to access my benefits, the balance in my EBT account may be used to offset any outstanding overpayments that my household owes the Department.
- I authorize the Department to release information from my case to the social security (SS) advocate contracted by the Department. This information will be used to help get SS benefits for me. The type of information which may be released shall include medical, income and asset information and work history. I also authorize the advocate to release information to the Department regarding the status of my claim for SS and any failure to comply with appointments and requests for information. I understand that release of this information may affect my public assistance benefits. This consent is good until a final determination of eligibility for SS has been reached or the consent is withdrawn in writing.
- I agree that I will not access my Temporary Assistance for Needy Families (TANF) financial assistance benefits through any electronic benefit transfer transaction in any liquor store; any casino; gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

(6) ASSIGNMENTS AND AGREEMENT:

- **ASSIGNMENT OF RIGHTS:** I understand that as a condition of eligibility for financial assistance, I am assigning to the State of Hawaii any rights to child and spousal support that I may have from another person, for myself or any person for whom I am applying or receiving assistance. This assignment includes rights to support from previous as well as present and future support. Such payments will be used to reimburse the State up to the amount of assistance granted. You may be exempt from this requirement if you fear physical or mental harm to yourself or your children. I also understand that when I assign child and spousal support to the State I must have the State's permission to negotiate or seek a new court order or otherwise change the existing status of my child or spousal support agreement. I agree to cooperate with the State in establishing paternity for the minor children in my application.
- **REAL PROPERTY AGREEMENT:** I give the Department permission to verify information on my property. I also agree to report to the Department within five days any money received from the sale, lease, exchange or transfer of such property. If I assign or transfer any property for less money than what I get in the open market, my dependents and I will become ineligible for further assistance.

(7) SNAP PRIVACY ACT STATEMENT:

- Collection of information for this application, including the social security number (SSN) of each household member is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.
- The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP.
 - Information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
 - If a SNAP claim arises against your household, the information on the application, including all SSNs, may be referred to Federal and State agencies, as well as to private claims collections agencies for claims collection action.
 - The providing of the requested information, including the SSN of each household member, is voluntary. However, failure to provide this information will result in the denial of SNAP benefits to your household.

(8) YOUR CERTIFICATION (MUST BE SIGNED TO BE CONSIDERED A VALID APPLICATION):

Before signing this application, go back and check that you have answered each question. Make sure you understand your rights and responsibilities, the penalty warning, your authorization, your consent, your assignments and agreements.

- I certify under penalty of perjury, that my answers are correct and complete to the best of my knowledge.
- I understand the questions on this application and the penalty for hiding or giving false information.
- I certify that I have been informed of my rights and responsibilities by the worker and I agree to heed these responsibilities.
- I understand the assignments and agreements and agree to fulfill them as a condition of eligibility.
- I certify under penalty of perjury that the information provided on the Citizen Status Declaration on each applicant household member is correct.

SIGNATURE (OR MARK) OF APPLICANT	DATE	SIGNATURE (OR MARK) OF SPOUSE OR OTHER ADULT APPLICANT (Required for money assistance only)	DATE	WITNESS IF SIGNATURE IS "X"
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(9) CERTIFICATION BY AUTHORIZED REPRESENTATIVE OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION : (Please check off one box.)

I helped the applicant fill out this form. I understand that anyone helping another person in dishonestly getting benefits is subject to criminal penalties. I certify that the answers given by me on this form is what I know personally about him/her; or was provided by the applicant/recipient.

SIGNATURE	RELATIONSHIP	DATE
HOME ADDRESS	PHONE NO.	

(10) IN CASE OF EMERGENCY OR DEATH, THE PERSON TO CONTACT IS: (Please Print)

NAME	RELATIONSHIP	PHONE NO.	ADDRESS
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(11) CERTIFICATION BY ELIGIBILITY WORKER:

I certify that the applicant/recipient has been informed of his/her rights and responsibilities and the possibility of criminal charges for misrepresenting or concealing facts which determine eligibility.

PRINT ELIGIBILITY WORKER'S NAME	SIGNATURE OF ELIGIBILITY WORKER	DATE
---------------------------------	---------------------------------	------

balance on the Internet at www.ucard.chase.com or you can call Customer Service. You should always know your account balance before you shop.

What happens if the POS machine is not working?

If you want to purchase eligible food items with your SNAP benefits, and the POS machine is not working or there is not one at the store, the cashier will fill out a paper form called a food benefit voucher. The cashier will write in your Hawaii EBT Card number and the amount you are spending. **DO NOT** give the cashier your PIN. The cashier will call to see if you have enough benefits in your SNAP (ONLY) account to buy the food. If there is enough in your SNAP account, you will be asked to sign the voucher and will be given a copy of it. It is very important to keep this copy so you can subtract what you spent from the balance shown on your last EBT receipt. This will give you the current amount on your account. The store cannot process a manual voucher for Cash benefits.

Can I go to a bank teller and withdraw money or inquire about my EBT account?

No, you may only withdraw money from an ATM or through a cash-back/cash-only withdrawal at a participating store. If you have questions, call Customer Service or ask your worker.

If I have less than \$20.00 worth of Cash benefits on my Hawaii EBT Card, how will I get it out?

You can make a Point-of-Sale purchase or cash-back transaction at participating stores to get these funds or you can use an ATM that dispenses exact amounts.

Are there any transaction fees or surcharges for using my Hawaii EBT Card?

There is never a transaction fee for using your SNAP benefits to buy food with your Hawaii EBT card. There is also never a transaction fee for using your Cash benefits to buy food or get cash at a POS machine. At ATMs, you will not be charged a transaction fee for the first two Cash benefit withdrawals each month. For each additional Cash withdrawal during that month, you will be charged an 85-cent transaction fee, which will automatically be taken out of your Cash account.

A surcharge is an additional fee charged by the owner of an ATM for using that machine to make a cash withdrawal. Surcharges, if any, for getting cash will also be taken from your account automatically. If you do not want to pay the surcharge, simply cancel your transaction and go to another ATM location that does not charge a surcharge.

No Fees

- SNAP Benefit Purchases
 - Cash Purchases
 - Cash Back with Purchases
 - Cash Withdrawals at POS machine
- Fees**
- Cash Withdrawals at an ATM = \$0.85

Surcharges

- Cash Withdrawals at most ATMs, look for a sign near the ATM that tells you the surcharge amount

Can I deposit money into my EBT account?

No. You may only withdraw money from your Cash account.

What is Direct Deposit?

Instead of using EBT, you may choose to have your Cash benefits deposited every month directly into your new or current personal bank account. You cannot use direct deposit for SNAP benefits.

If you choose to have your Cash benefits directly deposited, your SNAP benefits will be available on your Hawaii EBT Card on the first calendar day of the month. Your Cash benefit should be in your bank account by the third banking day of each month. Contact your worker for more information.

What is an Authorized Representative?

You may choose a person, called an Authorized Representative (also known as an "alternate payee"), to get your benefits for you. The Authorized Representative must go to a local office to receive a Hawaii EBT Card and PIN. If you need an Authorized Representative, choose a person you trust. Remember, lost or stolen benefits will not be replaced.

What happens if I don't use all my benefits?

Your balance at the end of the month is carried over to the next month. You will have access to your remaining balance in your EBT account as long as you do a debit transaction at least once a month. However, Cash benefits that are not withdrawn or debited for 90 days and SNAP benefits not withdrawn or debited for 270 days will be returned to the State. Benefits that are returned to the State may be used to offset any outstanding debits that are still owed by the household.

When do I call Customer Service?

- Call if your card is lost, stolen or damaged.
- Call if you have forgotten or lost your PIN.
- Call to change your PIN.
- Call if you have questions or need help with your card.

What if I plan to move or change my address?

You must contact your worker if you move or change your address.

Check your balance and get other account information on the Internet at

www.ucard.chase.com

Customer Service
1-888-328-4292
1-800-855-2880 (TTY)

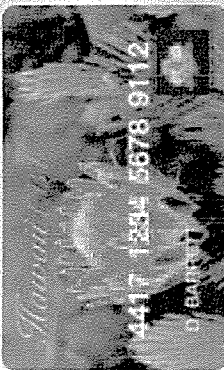
Misuse of your Hawaii EBT Card is unlawful - please use your card wisely!

Tips to Take Care of Your Hawaii EBT Card

- DO NOT damage or bend your card.
- DO NOT write on or scratch the black stripe of your card.
- DO NOT get your card wet.
- DO NOT put your card near magnets, cell phones, TVs, stereos, VCRs, or computers.
- DO NOT leave your card in the sun, like on the dashboard of a car.
- DO NOT keep your card out in the open - always put your card in a safe place after using it.
- DO NOT throw your card away. It is yours to keep as long as you receive benefits.

If your card is LOST or STOLEN, it will take up to five business days to replace your card by mail.

How to Use Your Hawaii EBT Card



For account information, visit
www.ucard.chase.com

Customer Service
1-888-328-4292
1-800-855-2880 (TTY)

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18C12674

Welcome to Hawaii Electronic Benefits Transfer (EBT) and the Hawaii EBT Card—the safe, convenient and easy way for you to use your benefits.

If you qualify for SNAP benefits, you can use your Hawaii EBT Card to:

- buy selected food items at any participating store
- If you qualify for Cash benefits, you can use your Hawaii EBT Card to:*
- get cash or pay for purchases at participating stores
- withdraw your Cash benefits at select ATMs

It's so simple!



HOW TO USE YOUR HAWAII EBT CARD AT THE GROCERY STORE

1. Know your balance before you go shopping.
2. Swipe your Hawaii EBT Card through the Point-Of-Sale (POS) terminal OR hand your card to the clerk/cashier.
3. Be sure to tell the clerk which account to charge (SNAP or Cash).
4. Enter your four-digit Personal Identification Number (PIN) on the keypad. The terminal will show ****.
5. Press the **OK** or **ENTER** key.
6. The clerk enters the purchase amount and, if it is correct, you press the **OK** key.
7. The clerk will hand you your receipt; make sure the information on the receipt is correct.
8. Keep this receipt so you will know your new balance the next time you shop.

The steps may be different for each type of POS machine you use—ask the clerk if you need help.

Only the exact amount of your food purchase is deducted from your SNAP benefit account. Stores will not give you change for SNAP benefit purchases.

You may use your Cash benefits at stores to make a cash-only withdrawal or to purchase both food and non-food items (soap, diapers, etc.). Stores may also provide cash-back when you make a purchase from your Cash account. Ask the clerk or store manager about the store's cash-back policy.



HOW TO USE YOUR HAWAII EBT CARD AT AN AUTOMATED TELLER MACHINE (ATM)

(For a withdrawal of cash benefits ONLY, SNAP benefits cannot be accessed through the ATM)

1. Insert or swipe your card.
2. Enter your Personal Identification Number (PIN) and press the **OK** or **ENTER** key.
3. Select the key marked **WITHDRAWAL** and then select **CASH**.
4. Enter the amount you'd like in whole dollar amounts (for example, \$20, \$40, \$60, etc.).
5. Take your card, your receipt and your cash.
6. Count your cash and compare it to your receipt.
7. Keep your receipt to help you keep track of your balance the next time you need cash.

It may take several transactions to withdraw all of your cash benefits from an ATM if the machine has a limit on the amount of cash you can withdraw each time. There may be a transaction fee for each withdrawal automatically deducted from your account balance, in addition to any bank surcharges.

HAWAII EBT QUESTIONS AND ANSWERS

How do I get my benefits with the Hawaii EBT Card?
Each month your benefits will automatically be added to your account. You will use the same Hawaii EBT card every month to get your benefits. As you use your benefits to get cash or buy goods, your account balance will decrease.

When do I get my benefits?
Benefits will be deposited into your EBT account on the same day each month, even if it falls on a weekend or holiday. See the following chart to find out the day of the month that your SNAP and/or Cash benefits will be available on your Hawaii EBT Card. All benefits are available after 7:00 a.m. Hawaii Time.

NOTE: If you have your Cash benefits direct deposited into your own bank account, you will receive your SNAP benefits on the first calendar day of each month. Your Cash benefits should be deposited into your bank account by the third banking day of the month.

If your last name begins with	You will receive your SNAP and/or Cash benefits on the
A - I	3rd day of the month
J - Z	5th day of the month

Your balance at the end of the month is carried over to the next month.

Where can I use my Hawaii EBT Card?

You can use your Hawaii EBT Card at participating stores and ATMs (cash machines for Cash benefits only) across the country, EXCEPT for accessing TANF cash benefits at POS or ATMs located in any liquor store; any casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. You may use your card wherever you see the Quest logo, except for accessing TANF cash benefits at restricted locations.

In the event of a violation, you will no longer be able to access your TANF cash benefits with your EBT Card. Another person who we refer to as a protective payee must be selected as the payee for your cash benefit.



What should I do if I lose my card?

If your Hawaii EBT Card is lost, stolen or damaged and you need a replacement card, call Customer Service toll-free at 1-888-328-4292. You may also sign on to the Internet at www.acard.chase.com to report your card lost.

What is my card number?

Your card number is the 16-digit number on the front of your card.

What if my card won't work?

Call Customer Service and they will assist you. This number is found on the back of your card. Customer Service is available 24 hours a day, 7 days a week. You may also sign on to the Internet at www.acard.chase.com to request assistance from Customer Service.

What if there is an incorrect transaction on my account?

If a retailer is paid either too much or too little from your EBT account due to a computer system problem, a correction may be made to your balance. This correction could impact your current or next month's balance. You will be mailed an EBT adjustment notice of the correction if it reduces your balance.

NOTE: If you discover an error to your account balance, immediately call Customer Service to report the error. You may also sign on to the Internet at www.acard.chase.com to report the error to Customer Service.

How do I take care of my card?

1. Sign the back of your card.
2. Do not write your PIN on your card.
3. Keep your card safe and clean.
4. Do not bend your card.
5. Keep your card away from magnets and electronic equipment, such as TVs, radios, microwaves, etc.
6. Do not place it in direct sunlight (e.g., on your car's dashboard).
7. Do not throw your card away; you use the same card every month as long as you receive benefits.
8. Do not sell, trade or give away your EBT card and PIN.

What is a Personal Identification Number (PIN)?

A PIN is a four-digit secret number that allows only you to use your Hawaii EBT Card. If you received your card in the mail, you will receive your PIN in the mail a few days later. Never tell your PIN to anyone! If someone knows your PIN, they can use your card to get ALL of your benefits - and those benefits will not be replaced.

What if I forget my PIN?

If you forget your PIN or want to change your PIN, you can call Customer Service to select a new PIN. You should choose four numbers that are easy for you to remember, but hard for someone else to figure out.

What if I enter the wrong PIN?

If you are having trouble remembering your PIN, DO NOT try to guess your PIN when entering it on a POS terminal or ATM. If you enter the wrong PIN, you have three more chances to enter the correct number. If the correct PIN is not entered by the fourth try, you won't be able to use it until after midnight because a hold is placed on your card. In some cases, your card may be taken by the ATM. If the ATM keeps your card, contact Customer Service for a replacement card.

What should I do if someone finds out my PIN?

Immediately call Customer Service or sign on to the Internet at www.acard.chase.com and select a new PIN.

How will I know my account balance?

The easiest way to know your account balance is to keep your receipts. If you don't have your receipts, you may check your

Work Referral and Requirements

Name of Applicant/Recipient	Case Number	Unit/Worker Code
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PURPOSE: The Temporary Assistance to Needy Families (TANF) program has work requirements for individuals who are able to work as well as vocational rehabilitation and treatment programs for individuals who may be temporarily unable to work. For those individuals who are able to work, you will be referred to the First-to-Work program and will be required to participate as a condition of eligibility. For the individuals who are unable to work full-time, the rehabilitation and treatment programs help to remove the temporary barriers. All these First-to-Work programs help you to prepare for and find a job; help you with rehabilitation and treatment services as necessary; help you find and pay for child care; and pay for transportation and other expenses while you are participating in the program.

PART 1 -- Non-Work Eligible: If any of the following reasons prevent you from working, you will not be required to participate with a work program. When you no longer meet any of the following conditions, you will be required to participate with a work program. Place a check mark if any of the following apply to you.

- You are a single parent caring for your own child who is under six months of age and have not exhausted the life time limit of twelve months.
 - You are a parent caring for an ill or disabled family member living in your home, supported by medical documentation.
 - You are not applying for help for yourself but are applying for help for a child that is not your own (non-needy caretaker).
-

PART 2 -- Other Work Eligible: If you feel that you are unable to work because you are disabled, or a victim of domestic violence, you will be required to participate with one of the following programs as a condition of eligibility for financial assistance; vocational rehabilitation; psychotherapy sessions; substance abuse treatment; domestic violence treatment; specialized employment services, or other appropriate program. You will be asked to submit proof of your claim of disability or domestic violence which must be certified by department authorized providers. Place a check mark if any of the following conditions apply to you.

- You are disabled more than thirty days and are unable to work. (DHS 1270A or DHS 1271A and DHS 1263 required.)
 - You are a victim of domestic violence and are unable to work. (DHS 1260A required.)
 - You are sixty-five years of age and over.
-

PART 3 - Sanctions: If you did not claim any of the reasons listed in Part I. above, you are required to participate in a work program (First-to-Work program, vocational rehabilitation, substance abuse treatment, domestic violence treatment, or other appropriate program). You must comply and participate with the work programs by keeping appointments and cooperate with the services of your plan. If you fail or refuse to participate without good cause, your financial assistance will stop. The following are the sanction periods (month(s) of disqualification):

FIRST OCCURRENCE: INELIGIBLE UNTIL YOU COMPLY

SECOND OCCURRENCE: INELIGIBLE FOR A MINIMUM OF TWO MONTHS AND UNTIL YOU COMPLY; and

THIRD OR MORE OCCURRENCE: INELIGIBLE FOR A MINIMUM OF THREE MONTHS AND UNTIL YOU COMPLY.

I CERTIFY THAT I HAVE BEEN INFORMED ABOUT THE WORK PROGRAM REQUIREMENTS AND THE SANCTIONS FROM MY ELIGIBILITY WORKER AND I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES.

Applicant/Recipient Signature	Date	Eligibility Worker Signature	Date
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**Temporary Assistance for Needy Families
Memorandum of Understanding**

Name of Applicant/Recipient

Unit/Worker Code

My Eligibility Worker has explained that the following requirements to receipt of Temporary Assistance for Needy Families (TANF) will help me and my family move from welfare to work. Based on the information provided by my worker, I understand that:

- Able-bodied individuals, individuals certified to be disabled or domestic violence victims must comply with the First-to-Work (FTW) program participation requirements within a period of twenty-one days as a condition of eligibility before the first payment will be approved.
- If I am an able-bodied parent and do not have to provide care for my child under 6 months of age or care for an ill or disabled family member living in my home, I will be referred to FTW to assist me in preparing for and finding work. I must comply with all the program requirements or my entire family will become ineligible for financial assistance for the appropriate period of time.
- If I claim a physical or mental disability or domestic violence issues which prevent me from working, I will be required to participate in vocational rehabilitation services, psychotherapy sessions, substance abuse treatment, domestic violence treatment, specialized employment services, or other programs as appropriate.
- Eligibility for financial assistance for myself and family is limited to 5 years, provided at least one adult in my household is able-bodied and participates with the work requirements.
- The welfare grant I receive for myself and my family will be reduced by 20% in the third month after the application interview if I we are eligible for benefits, provided at least one adult in my household is able-bodied and participating with the work requirements. This reduction will continue until my family reaches the 5-year time limit.
- If I go to work I will be able to keep more of my earned income through earned income disregards. My worker has explained that the earned income disregards and other financial incentives will ensure that I have more money to spend on my family if I work than if I only receive a welfare check. My worker also explained that, in most cases, I will not become ineligible for welfare or no-fault car insurance until my family's net income exceeds 100% of the standard of need for my family household size.
- If my children receive benefits, I may be required to comply with work participation requirements even if I am not a recipient as a condition of eligibility for my entire family.
- Ownership of motor vehicles will not affect my eligibility so that I can have transportation to seek or continue employment.
- If I or any other member of my family decides to go to school, we will still be subject to the 5 year time limit and grant reduction, but any educational loans, grants or scholarships that we receive will be excluded in determining our eligibility and benefit amount.
- If I am a independent minor parent receiving my own welfare check for myself and my child(ren), I will continue to be eligible for financial assistance if I stay in school and complete my high school education or equivalency. As a minor parent, I also understand that I will still be subject to the 5 year time limit, but my welfare grant will not be reduced by 20% as long as I am in high school or equivalent.
- In my household, dependent children between the age of sixteen and eighteen who are not attending high school must participate with the work program.
- While working or when participating in FTW, I may request help with my child care costs

I certify that my Eligibility Worker has explained my rights and responsibilities and that I have read and understand the above. I further certify that I will be responsible to inform any other members of my household of any requirements they may be required to meet

Applicant/Recipient Signature

Date (m/d/yy)

Eligibility Worker Signature

Date (m/d/yy)

SELF-DECLARATION SCREENING FORM TO CLAIM DOMESTIC VIOLENCE VICTIM STATUS

I. PURPOSE

A household that contains a member who is determined by the department's contracted Domestic Violence Agency (DVA) to be a victim of domestic violence, shall be eligible for domestic violence victim status. The domestic violence victim status shall be for a six-month period and shall exempt the household from the five year time limit and the 20% grant reduction, however the domestic violence victim shall comply with domestic violence treatment services and the participation requirements of the First-to-Work program as a condition of eligibility. Failure to cooperate with treatment services without good cause will result in the termination of financial assistance. In certain situations, the domestic violence victim status may be extended for an additional six-month period.

DOMESTIC VIOLENCE VICTIM STATUS CRITERIA

Please answer the following questions:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you working 20 hours or more per week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you attending school for more than six (6) credit hours per week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does domestic violence make it difficult for you to go to work or attend school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is your relationship to the perpetrator of the domestic violence? _____ | | |
| 5. Which of the following protective actions have you taken as a result of the domestic violence inflicted by the alleged perpetrator? | | |
| a. <input type="checkbox"/> I have a current court order protecting me or a member of my family from the alleged perpetrator. | | |
| b. <input type="checkbox"/> I am a party to a pending divorce or custody action which involves issues of current or past domestic violence | | |
| c. <input type="checkbox"/> Within the past twelve (12) months, I have stayed in a domestic violence shelter. | | |
| d. <input type="checkbox"/> Within the past twelve (12) months, I had to stay with a friend or relative to escape from the domestic violence and my friend or relative who is willing to provide a sworn statement of this. | | |
| e. <input type="checkbox"/> Within the past twelve (12) months, I or a member of my household has been a victim of an incident of domestic violence which resulted in the arrest, arraignment or conviction of the alleged perpetrator of the abuse. | | |
| f. <input type="checkbox"/> Within the past twelve (12) months, I or a member of my household has received inpatient or outpatient treatment for psychological, physical or emotional abuse as a result of domestic violence. | | |
| g. <input type="checkbox"/> Within the past twelve (12) months, I or a member of my household has been hospitalized or received emergency room treatment for medical or psychological injuries as a result of domestic violence. | | |
| h. <input type="checkbox"/> Within the past twelve (12) months, the alleged perpetrator has threatened me or a member of my household with death or grievous bodily injury | | |

APPOINTMENT WITH THE DOMESTIC VIOLENCE AGENCY

You must contact the Domestic Violence Agency (DVA) and make an appointment within 5 (five) days. Your DHS Worker will inform you of the address and telephone number to call and may assist you in contacting the DVA.

PROVIDING PROOF

Once you have met with your DVA advocate, you will need to provide the Domestic Violence Agency (DVA) with the proof needed to determine whether or not your household is eligible for a domestic violence victim status. The following are examples of the kinds of proof that you must provide to prove your claim of domestic violence: 1) court documents; 2) medical records; 3) police records; 4) letter/verification from a domestic violence agency; or 5) a sworn statement from a friend or relative with whom you have sought shelter to avoid continued abuse. Based on the proof you provide, the DVA will decide if you are eligible.

You will be informed of the DVA's decision in writing. *Note: If you do not want this decision or any other domestic violence information to be mailed to your home, please advise your DHS Worker.* **DO NOT MAIL THIS TO MY HOME.**

CERTIFICATION

I have read this notice. I would like to claim domestic violence victim status. I agree to submit any necessary verification of my claim to the DVA advocate.

Applicant/Recipient Name (Print)	Applicant/Recipient Signature	Date (m/d/yy)
Applicant/Recipient Address	Phone No	
<i>DHS Worker Name</i>	<i>Unit Name and Address</i>	<i>Unit Phone No.</i>

II. FOR OFFICIAL (DOMESTIC VIOLENCE AGENCY) USE ONLY

Document verification received.

- Client failed to submit verification to prove the claim of domestic violence. The request for a domestic violence victim status is denied.
 - Client submitted verification, but the verification does not establish domestic violence in accordance with the Department's criteria.
 - The request for a domestic violence victim status is denied because _____
 - Client's verification confirms the claim of domestic violence in accordance with the Department's established criteria.
- Domestic violence victim status has been approved from: _____ to _____

Signature of Domestic Violence Agency Advocate	Agency Name / Phone Number	Date (m/d/yy)
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CHILD CARE RATE TABLE

Center-Based Infant/Toddler Care	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$1,395	\$1,243	\$777	\$311
NAEYC Accredited* or NECPA Accredited Center-Based Care	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$710	\$632	\$385	\$158
Licensed Center-Based** or Group Child Care Home	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$675	\$601	\$378	\$160
Licensed Family Child Care Home	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$650	\$579	\$362	\$145
Licensed Family Child Care Home**	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$600	\$534	\$334	\$134
License-Exempt Relative and Non-Relative Infant/Toddler Care	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$400	\$358	\$223	\$89
License-Exempt Relative, Non-Relative, and Group Care**	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
	\$350	\$312	\$195	\$78
Licensed Before School Care/ After School Care	45+ Monthly Hours	30-44 Monthly Hours	15-29 Monthly Hours	1-14 Monthly Hours
	\$155	\$138	\$90	\$43
License-Exempt Before School Care/ After School Care	45+ Monthly Hours	30-44 Monthly Hours	15-29 Monthly Hours	1-14 Monthly Hours
	\$60	\$53	\$35	\$17

* NAEYC refers to National Association for the Education of Young Children. NECPA refers to National Early Childhood Program Accreditation

**Summer and Inter-session care rates are the same as the rates listed here.

All Rates include an estimate of travel time.

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION
ON-GOING WORK-RELATED EXPENSES**

<u>Type of Expense</u>	<u>Dollar Limit</u>
Auto Repair	\$ 500
Towing Fees or Impound/Storage Fees To Release an Automobile	300
Automobile Down Payment (May be used as full payment)	1,000
Automobile Inspection Fee	500
Repair of Occupational Equipment (e.g., fishing boat, sewing machine, etc.)	500
Tools and/or Equipment	500
Display Furniture (e.g., canvas tent and tables)	500
Sample Cases	500
Pagers	100
Books and Manuals	500
Travel Expense (to accept a job)	250
Beauty and/or Cosmetic Expense	200
Eyewear	300
Protective Clothing (e.g., steel-toe shoes, helmet, gloves, coats, etc.)	250
Other Clothing (e.g., uniforms, professional apparel, etc.)	250
Certificate or Licenses	300
Examination and Testing Fees	300
Identification (e.g., passport, State I.D., etc.)	150
Union Dues or Initiation Fees	400
Medical Expenses Not Covered by Medicaid (e.g., cosmetic)	750
Dental Expense Not Covered by Medicaid or Dental Contract	450

Child Care
Gross Income Eligibility Limits and Sliding Fee Scale

Family Size	Income Eligibility Limit	0-50% FPL	50%-70% FPL	70%-100% FPL	100%-110% FPL	110%-125% FPL	125%-150% FPL	150%-160% FPL	160%-175% FPL	175%-200% FPL	200% FPL - estg. limit
		(100% of DHS max. rate allowed) 0% family co-pay	(90% of DHS max. rate allowed) 10% family co-pay	(80% of DHS max. rate allowed) 20% family co-pay	(70% of DHS max. rate allowed) 30% family co-pay	(60% of DHS max. rate allowed) 40% family co-pay	(50% of DHS max. rate allowed) 50% family co-pay	(40% of DHS max. rate allowed) 60% family co-pay	(30% of DHS max. rate allowed) 70% family co-pay	(20% of DHS max. rate allowed) 80% family co-pay	(10% of DHS max. rate allowed) 90% family co-pay
1	2431	446	669	892	981	1115	1338	1427	1561	1784	2431
2	3179	599	898	1197	1317	1496	1796	1915	2095	2394	3179
3	3927	751	1127	1502	1652	1878	2253	2403	2629	3004	3927
4	4675	904	1355	1807	1988	2259	2711	2891	3162	3614	4675
5	5423	1056	1584	2112	2323	2640	3168	3379	3696	4224	5423
6	6171	1209	1813	2417	2659	3021	3626	3867	4230	4834	6171
7	6312	1361	2042	2722	2994	3403	4083	4355	4764	5444	6312
8	6452	1514	2270	3027	3330	3784	4541	4843	5297	6054	6452
9	6592	1666	2499	3332	3665	4165	4998	5331	5831	6592	-
10	6732	1819	2728	3637	4001	4546	5456	5819	6365	6732	-
11	6873	1971	2957	3942	4336	4928	5913	6307	6873	-	-
12	7013	2124	3185	4247	4672	5309	6371	6795	7013	-	-
13	7153	2276	3414	4552	5007	5690	6828	7153	-	-	-
14	7293	2429	3643	4857	5343	6071	7286	7293	-	-	-
15	7434	2581	3872	5162	5678	6453	7434	-	-	-	-
For each add'l, add	140	152	229	305	335	382	140	-	-	-	-

Instructions:

1. Gross Income (GI) eligibility limit is at 85% of State Median Income (SMI).
2. Compare GI with Income Eligibility Limit to determine income eligibility.
3. If GI is less than or equal to the Income Eligibility Limit, find the largest reimbursement rate for which the income limit is greater than or equal to GI.

Note:

The percentage of the DHS maximum rate allowed yields the actual payment amount that the department will issue to the family per child. A family unit's co-payment is conversely related to the percentage of the department's maximum rate allowed.

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION
ONE-TIME WORK RELATED EXPENSES FOR INDIVIDUALS
EXITING TANF DUE TO EMPLOYMENT

<u>Type of Expense</u>	<u>Dollar Limit</u>
Auto Repair	\$1,500
Towing Fees or Impound/Storage Fees To Release an Automobile	300
Automobile Down Payment (May be used as full payment)	1,000
Automobile Inspection Fee	500
Repair of Occupational Equipment (e.g., fishing boat, sewing machine, etc.)	1,500
Tools and/or Equipment	1,500
Display Furniture (e.g., canvas tent and tables)	500
Sample Cases	1,000
Pagers	200
Books and Manuals	1,000
Travel Expense (to accept a job)	750
Beauty and/or Cosmetic Expense	500
Eyewear	300
Protective Clothing (e.g., steel-toe shoes, helmet, gloves, coats, etc.)	1,000
Other Clothing (e.g., uniforms, professional apparel, etc.)	750
Certificate or Licenses	500
Examination and Testing Fees	500
Identification (e.g., passport, State I.D., etc.)	150
Union Dues or Initiation Fees	1,000
Medical Expenses Not Covered by Medicaid (e.g., cosmetic)	2,000
Dental Expense Not Covered by Medicaid or Dental Contract	1,500