Dear Mr. Carter:

This letter transmits revisions to Hawai‘i’s TANF State Plan that is effective 10/1/17 through 9/30/20. The plan was developed in accordance with section 402 of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) and the Deficit Reduction Act of 2005.

The plan has been reformatted for ease of reading and clarification and organization of information.

Included in this submittal are amendments, corrections or additions to the following parts:

- **Table of Contents**
- **Attachment A-1** - the organization chart has been updated.
- **Part A - Program Goals, Administration and Implementation**
  1.0 - This section has been updated to remove reference to the Child Care Program staff’s responsibility for the administration of the child care aspect of the TANF program.

- **Section Policy Subsidized Employment** - this section updated the effective date to the actual implementation of the SEE program.

- **Part C - Employment and Training**
  - **Section First to Work and See paragraph 2** - the date is corrected to 2006.

AN EQUAL OPPORTUNITY AGENCY
Part E - MOE
This section has been amended to include all MOE funded services.

Please contact Cheryl Chang, TANF Eligibility Program Specialist, at (808) 586-5732 for questions concerning this submission.

I look forward to your prompt review of our plan and notification of its completeness.

Sincerely,

Pankaj Bhanot
Director

Attachment

c: ACF, Office of Family Assistance, Region IX
STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
STATE PLAN
OCTOBER 1, 2017 – SEPTEMBER 30, 2020

IN ACCORDANCE WITH
TITLE IV-A OF THE SOCIAL SECURITY ACT

DAVID Y. IGE
GOVERNOR
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART A</td>
<td>Program Goals, Administration and Implementation</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Goals and Objectives</td>
<td>1</td>
</tr>
<tr>
<td>2.0</td>
<td>Program Administration</td>
<td>1</td>
</tr>
<tr>
<td>3.0</td>
<td>Program Oversight</td>
<td>2</td>
</tr>
<tr>
<td>4.0</td>
<td>Program Implementation</td>
<td>2</td>
</tr>
<tr>
<td>5.0</td>
<td>Program and Fiscal Integrity</td>
<td>2</td>
</tr>
<tr>
<td>6.0</td>
<td>Client Protections</td>
<td>4</td>
</tr>
<tr>
<td>7.0</td>
<td>Program Development and Policy</td>
<td>4</td>
</tr>
<tr>
<td>8.0</td>
<td>Policy</td>
<td>5</td>
</tr>
<tr>
<td>9.0</td>
<td>Major Policy and Administrative Provisions</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>PART B - Assistance and Eligibility</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Application and Eligibility Determination</td>
<td>7</td>
</tr>
<tr>
<td>2.0</td>
<td>Assistance Unit</td>
<td>8</td>
</tr>
<tr>
<td>3.0</td>
<td>Eligibility, Income and Resources</td>
<td>10</td>
</tr>
<tr>
<td>4.0</td>
<td>Benefit Levels</td>
<td>13</td>
</tr>
<tr>
<td>5.0</td>
<td>Time Limits</td>
<td>14</td>
</tr>
<tr>
<td>6.0</td>
<td>Compliance and Special Provisions</td>
<td>14</td>
</tr>
<tr>
<td>7.0</td>
<td>Grievance Procedures</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>PART C - Employment and Training</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Screenings, Assessments and Support Services Plan</td>
<td>19</td>
</tr>
<tr>
<td>2.0</td>
<td>First to Work and SEE</td>
<td>20</td>
</tr>
<tr>
<td>3.0</td>
<td>Numerical Goals</td>
<td>21</td>
</tr>
<tr>
<td>4.0</td>
<td>Work Participation Requirements</td>
<td>21</td>
</tr>
<tr>
<td>5.0</td>
<td>Work Activities</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>PART D - Support Services</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Work Supports</td>
<td>25</td>
</tr>
<tr>
<td>2.0</td>
<td>Strengthening Families/Support Services for TANF</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Recipient and Eligible Families</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Transitional Benefits and Services</td>
<td>32</td>
</tr>
</tbody>
</table>
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART E – MOE</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>PART F - Historical</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>PART G – Certifications</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>PART H -- Attachments</td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>
Part A- Program Goals, Administration and Implementation

1.0 Goals and Objectives

Hawaii’s TANF program provides cash assistance benefits to needy families with (or expecting) children, and case management, employment, and supportive services to adult TANF recipients through the First To Work (FTW) to enable them to obtain and retain employment, exit TANF, and become self-sufficient.

The following statements were used as guiding principles in the design of the State’s TANF program when welfare reform was executed under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA):

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 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 individual, and penalties for failure to participate in work activities. The positive incentives include 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 their net earned income exceeds 48% of the FPL by household size (Note: Hawaii’s FPL is legislatively capped at the FPL for 2006). In April 2013, the Governor signed a bill into law that changed the State’s TANF program policy to disregard all assets of TANF households.

2.0 Program Administration

DHS

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.
3.0 Program Oversight

**BESSD, ETP, and FAP**

The Hawaii TANF program is managed under the Benefit, Employment and Support Services Division (BESSD) which is responsible for all aspects of monitoring, supervising, and implementing the TANF program. Under BESSD, management and implementation of the TANF program is conducted under two branches: the Financial Assistance Program branch which is responsible for the administration of cash benefits, and the Employment and Training Program branch, which is responsible for the administration and implementation of the work and training portions of the TANF program (First to Work).

4.0 Program Implementation

**Service Offices**

Hawaii conducts TANF cash benefit eligibility determinations and case management out of 46 local processing centers located statewide; the processing centers determine eligibility and provide case management services for TANF, SNAP, GA, and TAONF.

TANF employment and training services are conducted by case managers at 22 employment and training office sites (also known as First-to-Work) located statewide. Ten of the employment and training offices are state-operated and the remaining are operated by non-profit agencies contracted with the State to provide TANF employment and training services.

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

5.0 Program and Fiscal Integrity

**Regulations, Policies and Procedures**

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 state and contracted staff, who are responsible for TANF program operations, via the Hawaii Administrative Rules (HAR) manual. Policy clarifications and emergency bulletins are also distributed to all affected staff statewide on an as needed basis.
Fraud and Financial 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.

Public Law 112-96

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. Initially to meet the requirements, a mass mailing of the notice was sent to current recipients in July 2014 with information on the restriction along with a list of restricted locations. Additionally, all recipients are notified at the point of applying for TANF that there is a restriction on accessing TANF benefits at specific locations. This information on the restriction on the use of TANF benefits from prohibited locations or establishments has been included in all DHS 1240 Application for Financial and SNAP assistance. By signing the application form the applicant agrees to abide by the restriction. A similar agreement has been included on the eligibility review form and by signing this form, current recipients agree to abide by the restriction at the time of their annual eligibility review. 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. This has been pended until such time rules governing the homeless program is formalized.
6.0 Client Protections

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 of 1935 prior to the enactment of the Personal Responsibility and Work Opportunity 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 the HAR, Chapter 601.

Hearing and Appeals Process
Hawaii provides a timely and adequate notice to the recipient that is mailed at least 10 days 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.

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.

7.0 Program Development and Policy

Plan and Program Development
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.
8.0 Policy

Administrative Rules

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). There was a public comment period of 45 days to allow individuals and local government organizations and public organizations to provide comments before finalization. TANF according to the 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 State Plan which included the promulgated rules was posted to the DHS website.

9.0 Major Policy and Administrative Provisions

Domestic Violence Option

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

Domestic Violence

In March 2002, the State implemented its domestic violence policy. Domestic violence status is limited to six (6) months with a possible extension of an additional six (6) months. All individuals granted a domestic violence status are assessed by the contracted agency that specializes in domestic violence and advocacy services. The individuals are required to participate in activities that will address the domestic violence crisis and their family’s needs. 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.

Temporary Disability

Effective November 1, 2001, Hawaii imposed program participation requirements for individuals who are exempt from work requirements due to a temporary disability. Individuals, who claim an exemption due to a physical or mental impairment, must be engaged and comply with their substance abuse treatment plan, or vocational rehabilitation or treatment services, or both, which may reasonably be expected to lead them 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 10/01/05. 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.

Subsidized Employment

Employment subsidy placement services were piloted in 2004-2005. The SEE program was officially implemented as a supportive service through the First-To-Work (FTW) program in 2006.

Effective October 2006, Hawaii implemented the Supporting Employment Empowerment (SEE) program. It is a subsidized employment program designed to assist TANF recipients, who are participating with the FTW Program, obtain employment in the private sector. Under this program, the Department offers prospective employer's reimbursements for wages paid and transportation expenses incurred for the participant if they agree to hire FTW participants. Employment through the SEE program is for a period up to three (3) months, however, employment may be extended up to an additional three months, not to exceed a total of six months.

Income Disregards

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. A public hearing was held on November 23, 2009.
Part B- Assistance and Eligibility

1.0 Application and Eligibility Determination

Application Process

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.

During the application interview, forms DHS 1259, "First-to-Work Referral and Requirements" and DHS 1242, "TANF Memorandum of Understanding", are reviewed with the client, and the applicant household is informed of the time limited benefits, work program participation requirements, consequences if requirements are not met, and the expectation for work (see Attachments B-1 and B-2).

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.

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.

2.0 Assistance Unit

Definition of Eligible Family

In order to be eligible for TANF, all related minor children in the household must be living in a single parent, no-parent or both parents situation. Effective October 1, 2008, only households where all members are U.S. citizens are eligible for TANF.

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 hānai 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 hānai parent is living in the same household; and
2. The sibling relationship shall not be recognized if the natural, adoptive or hānai 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 hānai parent the following shall apply:

1. The natural or hānai 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 hānai parent has other children or stepchildren living in the household who have not been adopted.

Pregnant Women 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.
Minor Child

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.

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 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. An hānai father or hānai mother. “Hānai” is a term used in the Hawaiian culture to refer to the informal and permanent adoption of a child who was given at the time of birth or early childhood to be reared, educated, and loved by someone other than the child’s natural parents. In hānai 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 hānai parents; and
5. The legally married spouse of any of the persons specified above, even after the marriage has ended in death or divorce.

Eligibility for Non-Citizens

Hawaii provides Temporary Assistance to Other Needy Families, TAONF, to eligible non-U.S. citizens as defined in Welfare Reform. This is a parallel program that has the same payment and program eligibility requirements as TANF. TAONF households includes an eligible non-U.S. citizen (as defined in Welfare Reform) or is a single minor parent living independently or a 2 minor parents living independently including eligible non-citizens (as defined in Welfare Reform). TAONF households are eligible for segregated state TANF and positioned under State Maintenance of Effort (MOE) funds.
3.0 Eligibility, Income, and Resources

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.

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%; or for 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.
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:

1. Establish that the husband, wife or parent is living in the same home;
2. Obtain the monthly total earned and unearned income of the individual not included in the financial assistance payment;
3. Deduct the standard deduction of 20% from the individual's monthly gross earned income;
4. Subtract from the remainder, 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;
5. Deduct from the remainder, 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.

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.

Residency

Applicants/recipient 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.

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.

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.

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.
4.0 Benefit Levels

Benefit Standards

Effective July 1, 2009:

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1. Standard of Need (SON) is 100% of the Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the SON shall be adjusted annually per legislative approval.

2. Standard of Assistance (SOA) is 48% of the SON

3. SOA is reduced by 20%, applicable to mandatory work required TANF households, effective July 1, 2009.

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.

Access to Benefits

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.

5.0 Time Limits

Receipt of TANF assistance is limited to sixty (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.

6.0 Compliance and Special Provisions

Up-front Engagement

Effective October 1, 2008, as a condition of eligibility for TANF benefits, applicants, determined to be work eligible individuals, are required to comply with work activity requirements within a twenty-one (21) day period, starting from the date of intake conducted by the FTW program. Work participation compliance prior to TANF approval is referred to as Up-front Universal Engagement or UFUE. The department conducts an initial assessment to determine if the applicant is required to participate in the FTW program. An adult in an assistance unit must attend a FTW program orientation and an intake session within five (5) work days from the date of application.

FTW Vocational Rehabilitation (FTW-VR)

Individuals who claim they are unable to work due to substance abuse, or a physical or psychological disability are referred to contracted examiners and a medical board for an evaluation. If the medical board determines the disability prevents the individual from working thirty (30) hours a week, the individual is referred to the FTW Vocational Rehabilitation (FTW-VR) program.
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, must engage in treatment services and vocational rehabilitation activities which may reasonably be expected to lead to employment.

Failure to Participate in Treatment and Vocational Rehabilitation

An individual who the department has determined disabled due to a physical or mental impairment, including substance abuse, must engage in treatment services and vocational rehabilitation activities which may reasonably be expected to lead to employment. If the individual fails or refuses to participate in treatment services or vocational rehabilitation activities without good cause, the family's TANF benefits will be terminated and a sanction will be imposed as follows:

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

The sanctioned individual must reapply and submit an application and meet the UFUE requirements to establish eligibility for TANF. The sanctioned individual must also serve the entire sanction period before reapplying and establishing eligibility for TANF.

Penalty for Non-Compliance

When a TANF 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 thirty (30) hours per week without good cause, the entire household's TANF benefits is terminated (i.e. case closure) and a sanction is imposed as follows:

1. For the first (1st) sanction, the household is ineligible for TANF until the household reapplies for benefits;
2. For the second (2nd) sanction, the household is ineligible for a minimum of two (2) months or until the household reapplies for benefits, whichever is longer; and
3. For any subsequent sanctions, the household is ineligible for a minimum of three (3) months or until the household reapplies for benefits, whichever is longer.

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 program or accept employment, and such care is unavailable;
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.
Mandatory School Attendance

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

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.

Domestic Violence Status

An applicant is informed of their right to claim domestic violence (DV) status. Applicants who claim this status must complete and sign form DHS 1260, “Self-Declaration Screening Form to Claim Domestic Violence Victim Status”, and complete an assessment with the contracted DV advocate agency (see Attachment B-3). The DV advocacy services include case management, mental health assessment, development of an individualized service plan, prevention and intervention services for the children, legal services, and supportive services.

Domestic Violence Policy

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 status and the requirements of such a status;
3. An explanation of the procedures for applying for domestic violence status; and
4. An explanation of procedures for appealing the denial of domestic violence status.

Individuals who experienced domestic violence or are in crisis state are referred to a domestic violence agency for the following services:

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

An individual is considered eligible for the domestic violence status 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 stayed at a domestic abuse shelter;
6. Within the past 12 months, has been 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; or
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 domestic violence status 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 includes a member with a current domestic violence status 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 survivor 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.

Non-Work Eligible Household

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);
4. A single parent is caring for a child under six (6) months of age; or
5. 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.

7.0 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.

Part C- Employment and Training

1.0 Screenings, Assessments and Support Services Plan

First to Work Intake Assessments

Individuals who are determined to be work eligible (WEI) or other work eligible (OWEI) individuals are referred immediately to the FTW program and are scheduled to attend an orientation and intake session. During intake, a preliminary assessment is conducted to determine if the participant has any psycho-social, health, educational/skill, employment, and communication concerns that may be barriers to employment. Following orientation and intake, the participant completes an in-depth interview to further assess the participant’s employability. The interview
includes questions about social capital, personal issues including relationships, current or past involvement with child protective services, physical, mental and emotional health, criminal history, and substance abuse. The participant may be scheduled to take reading and math tests. The results of the testing and interview are scored and summarized to determine if the participant moves on to the Employability Assessment or if an in-depth Barrier Assessment is needed. The Employability and Barrier Assessments will result in the development of an Employment Plan, and/or a Barrier Reduction Plan. The Plans outline the goals, and the steps and activities that are necessary to achieve the goals.

**Employability Assessment and Support Services Plan**

The FTW program conducts an in-depth employability assessment that results in an Employment Plan (EP) and a Support Service Plan (SSP). The EP is a signed written agreement between the participant and the department, that outlines the participant’s employment goal and the planned activities the participant will need to fulfill in order to achieve his/her employment goal. The SSP identifies the supportive services the participant may need to successfully participate with the FTW program and engage in the planned activities.

**2.0 First to Work and SEE**

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 in either full- or part-time employment. This model 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 2006. It is a program designed to assist FTW participants with obtaining employment in the private sector. Under this program, the Department offers prospective employers reimbursement for wages paid and transportation expenses incurred for participants, and additional subsidies equal to 14% of the SEE wage reimbursement to assist employers with other incurred costs when employing FTW participants, such as training, unemployment insurance, workers compensation, and FICA. The FTW participants are employed through the SEE program for a period not to exceed six (6) months.

Hawaii developed an education component that encourages and supports FTW participants who are enrolled full-time at a post-secondary educational institution. The component provides an incentive to participants to continue their education by reducing their work participation requirement to 20 hours per week, of which a minimum of four (4) hours per week must be 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
component 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 which expired in 2004.

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.

3.0 Numerical Goals

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

With the exception of full-time students and the single custodial caretaker relative of a child less than six (6) years of age, all FTW participants must meet a participation requirement of 30 hours per week.

4.0 Work Participation Requirements

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 are noted below.

5.0 Work Activities

Unsubsidized Employment:

Unsubsidized employment means full- or part-time employment in the public or private sector that is not subsidized with TANF funds or any other public program. This includes employment with a private for-profit and non-profit employers; government agencies; employment supported by the Work Opportunity Tax Credit (WOTC) and the Welfare-to-Work Tax Credit (WWTC); and self-employment. Self-employment is defined as receiving income directly from one’s own business, trade, or profession rather than earning a specified salary or wages from an employer.

Subsidized Employment in the Private Sector:

The Supporting Employment Empowerment (SEE) program is a TANF subsidized employment program designed to assist FTW participants to obtain employment in the private sector. Under this program, the department offers prospective employers reimbursements for wages paid and transportation expenses incurred for the participant if they agree to hire FTW participants. Employment through the SEE program is for a period up to three (3) months, however, employment may be extended up to an additional three (3) months, not to exceed a total of six (6) months.
Community Work Experience Program:

Community Work Experience Program (CWEP) or Work Experience (WE) means a work activity, performed in return for public assistance, that provides a participant with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. Participants may be placed with a public or private non-profit agency.

Job Readiness and Job Search Assistance:

These are activities that focus on job readiness and job search assistance for participants, or short-term treatment for substance abuse, mental health, or rehabilitation for those who are otherwise employable. The immediate goal of these activities is for participants to gain full- or part-time employment. Job search assistance is directed to the participant's interest and the local job market conditions, and may serve participants in either group or individual job-seeking activities, or a combination of both methods. Job readiness training is conducted as group activities where participants learn to develop their resumes, acquire job searching skills, learn the appropriate etiquette for interviews, and soft skills, before they begin to seek employment opportunities.

Community Service Programs:

Community Service Programs (CSP) are structured programs in which participants perform work for the direct benefit of the community in return for public assistance. Participants are provided the opportunity to gain work experience and acquire job skills training through placements with public agencies or private non-profit organizations with community projects that serve a useful public purpose.

Vocational Education Training:

The participants receive structured, specialized training from educational programs, other than a baccalaureate or advanced degrees that prepare individuals with technical knowledge and skills that are prerequisites for employment in current or emerging occupations.

According to the State Department of Business, Economic Development and Tourism (DBEDT), hospitals and nursing facilities and specialty health care services had the greatest number of jobs between 2007 and 2017 (DBEDT Hawaii's Targeted & Emerging Industries 2017 Update Report). In 2017, there were about 20,612 jobs in the hospitals and nursing facilities. The specialty health care services saw the great growth at 6.3% between 2007 and 2017 producing about 13,425 jobs.

In accordance with PI 2011-06, Hawaii, as part of its vocational educational component, assists participants to obtain training that lead to occupations in the health care industry. Training
courses are not exclusive to a specific area of care; however, the learned skills are transferable between the various types of care including occupations that provide direct services in long-term care facilities and eldercare such as, but not limited to certified nurse aid (CNA), massage therapist, and adult residential care home (ARCH) operator.

The FTW program supportive services include subsidies to cover course fees for FTW participants enrolled at a University of Hawaii (UH) community college campus for non-credit vocational programs in the healthcare industry such as nursing, certified nursing assistance (CNA), Adult Residential Care Home (ARCH) services, and community health. Participants may earn certifications or credentials that allow them to work in long-term care facilities or work for community-based organizations that provide direct services in communities such as home visiting services. The FTW program encourages participants who are interested in the healthcare industry to enroll in these programs and assists participants to obtain employment after graduation or program completion.

**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.

**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 and can only be counted after a participant has completed their requisite core hours.

**Education Directly Related to Employment:**

This activity includes education that expands a participant's ability to obtain employment, advance or earn a promotion, or adapt to the changing requirements of an occupation. Such activities may include adult basic education, English as a second language, or General Educational Development (GED) or high school equivalency. This activity must be combined with any of the work activities above and can only be counted after a participant has completed their requisite core hours.

**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 these educational activities. The activities entail regular classroom attendance, in accordance with the requirements of the secondary school, course of study at a secondary school, or course of study that lead to a certificate of general equivalence.

**Employment Placement Program:**

Hawaii provides employment placement assistance for FTW participants. The FTW staff may negotiate job placement opportunities with private and public sector employers. In addition, the department has contracted with the State Department of Labor and Industrial Relations (DLIR) to conduct job development activities on behalf of the participants. The FTW participants may also be referred to DLIR for Welfare-to-Work opportunities funded through the U.S. Department of Labor.

**Ready to Engage In Work**

Hawaii requires a parent or caretaker receiving assistance to engage in work when the parent or caretaker applies for assistance. An applicant's or recipient's work program status is determined at the point of application, eligibility review, and when the individual's circumstances have changed. Individuals who are determined to be work eligible individuals (WEI) are referred immediately to the FTW program.

Individuals determined to be other work eligible individuals (OWEI) because of temporary disability, substance abuse, or a domestic violence issues are referred to contracted service providers. The service providers provide case management, monitor compliance to a treatment or individualized service plan, and job preparation services. Eligibility for these services is reviewed at the point of application, eligibility review, and whenever the individual's circumstances have changed.

**Community Service Employment**

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

**Satisfactory Attendance**

Satisfactory attendance for teen heads of households, who are attending a secondary school or pursuing education directly related to employment, is defined as classroom attendance with no more than three (3) unexcused absences per semester. More than three (3) unexcused absences may result in a sanction.
Exemption Due to Unavailable Child Care

Hawaii allows an exemption for single custodial parents with a child under the age of six (6) years old who are unable to obtain employment or engage in work activities due to the unavailability of child care. A FTW participant who are unable to secure a suitable child care may be deferred from participation until such time as child care can be secured. The FTW staff will provide assistance by eliciting referrals to child care resources and reviewing the participant’s case to determine the availability of care. Once care is secured, the participant will be required to participate.

Special Populations and Work Requirements

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.

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.

Part D- Support Services

1.0 Work Supports

Child Care

TANF recipients who are employed or participating with the FTW program may be eligible to receive child care subsidies. The subsidies are 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 payments will be the actual cost up to the established maximum rate, according to the type of care. There is no limit to the length of time that a family may receive child care subsidies. See At

Transportation

In addition to child care, TANF recipients who are active with the First-to-Work (FTW) 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

FTW participants may be eligible to receive assistance for educational expenses if the participant has been accepted or is currently enrolled with a post-secondary education institution or a vocational educational program. FTW participants must provide verification of the expense which may include, but are not limited to, tuition or registration fees, books, mandatory tools and supplies, and uniforms. FTW participants who are pursuing a degree through a college or university, will be required to apply for student financial aid, and if approved, the participant will be required to reimburse the department for any duplicative benefits received.

2.0 Strengthening Families/SUPPORT SERVICES FOR TANF RECIPIENT AND ELIGIBLE FAMILIES

Home Visiting

The Department’s home visiting program and other family support services, funded with either Federal TANF or State MOE, are available to families in support of TANF Purpose 4.

Homeless families may receive case management and transitional services regardless of their income. Homeless families, by the very reason of homelessness, are not subject to the eligibility requirements to receive these services.

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, 2018. Services will be re-procured and anticipated to be in effect January 1, 2019.

1. The Susannah Wesley Community Center offers home-based parenting and family counseling services for families residing in the Kalihi area on Oahu;
2. The Salvation Army – Family Treatment Services, offer home-based parenting and family counseling for graduates of substance abuse treatment and their families.
3. The Nanakuli Housing Corporation offers homeownership assistance for TANF eligible families on the Leeward coast of Oahu. Homeownership assistance includes classes in home repair, access to reusable home building materials, financial literacy, and the essentials of home ownership.
4. The Department’s Social Services Division provides case management and advocacy services to address the needs of TANF eligible families who are temporarily residing at a domestic violence shelter, and family strengthening services to reduce the incidence of child abuse and neglect in the community.

5. The Department’s Social Services Division provides home visiting services that promote positive parent-child relationships for families with children ages zero to three years old, through a family-centered, strengths-based, and culturally appropriate support services within a family’s natural environment.

Non-Custodial Parent Program

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

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. The teen pregnancy rate has steadily declined since 2006. This is a continual collaboration between the DHS, DOH, and DOE.

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

Teen Pregnancy Prevention Efforts of the Department of Human Services

According to the Hawaii Health Data Warehouse, the birth rate in 2005 for females between the ages of 15 and 19 years was 38.7%. In 2015, the birth rate for the same age group was 20.6%, a decrease of 18.1% within a ten year period.

The department collaborates with private non-profit providers and the Department of Education (DOE) through contracts and Memoranda of Agreement (MOA) respectively. The services encompass the Teen Pregnancy Prevention effort to include alternative activities for children with after-school programs and community-based involvement. The department’s goals are to continue its support of youth programs and services, maintain partnerships with other government agencies and service providers, and to ensure the teen birth rate continues to decline, by 12% by 2025.
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 Service for Children and Families through the TANF Program”, potential activities that would be reasonably calculated to accomplish Purpose 3 may 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, 2018. Services will be re-procured and anticipated to be in effect January 1, 2019.

1. **Ola I Ka Hana Program**, provided by Goodwill Industries of Hawaii, services at-risk youth with positive youth development, assistance to complete school, obtain and maintain employment, and to address social challenges.

2. **Youth Mentoring Program** provided by the Big Brothers Big Sisters of Honolulu. Community-based and site-based mentoring services are provided to at-risk youth on Oahu, Hawaii, Kauai and Maui islands.

3. **Outreach Services for Homeless Youth** services are provided by Hale Kipa, Inc. Services are provided to at-risk homeless youth between the ages of twelve (12) and twenty-two (22) in the geographic area of Waikiki.

4. **Positive Mentoring for Youth**, provided by the YWCA of Kauai, promote positive self-esteem, positive decision making, leadership, critical thinking, and personal development through after school activities, for youth residing on Kauai.

5. **Positive Mentoring Services**, provided by the Boys and Girls Club of Hawaii, includes positive mentoring and computer training, through after-school activities, for youth residing on the island of Kauai.

6. **Uniting Peer Learning, Integrating New Knowledge (UPLINK)** is an activity based after-school program, through an agreement between DHS and with the Department of Education (DOE), to proactively prevent middle and intermediate school students from engaging in risky behaviors during the late afternoons when schools are not in session. UPLINK provides homework assistance, remediation tutoring, and extra-curricular activities that promote positive character traits, i.e. 5Cs – character, confidence, competence, connection, and contribution.

7. **Pregnancy prevention services**, provided by the Child and Family Service, for students enrolled with the Hale O Ulu School, offer vocational services, computer training, pregnancy prevention, and responsibility coaching. Hale O Ulu is an alternative school for at-risk youth who have been expelled or suspended from a DOE school.
8. **Positive After-School Program** provided by the Honolulu Community Action Program, offers creative STEM (Science, Technology, Engineering, Mathematics) after-school activities for children in grades 2 – 8. Activities include tutoring and mentorship, and are provided in a safe, after-school setting with the goal to stimulate positive academic and social skills, increase family and community involvement, and develop the next generation of science and technology leaders.

**Sexual Health Education**

Effective school year 2015-2016, the Hawaii Board of Education passed Policy 103.5, requiring the Department of Education to provide sexual health education that includes education on, 1) abstinence, contraception, and prevention methods of unintended pregnancy and sexually transmitted infection including HIV; 2) communication skills to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion and intimidation; 3) critical thinking, problem solving, decision making, and stress management to make healthy decisions about sexuality and relationships; 4) communication with parents, guardians and/or other trusted adults about sexuality; and 5) available community resources for students. The purpose of the sexual health education policy is to promote abstinence from sexual intercourse as a guaranteed prevention of unintended pregnancies, sexually transmitted diseases, and healthy and unhealthy or abusive relationships including statutory rape.

Supplementing DOE’s sexual health education, the **Uniting Peer Learning, Integrating New Knowledge (UPLINK)** after-school program provides activities to proactively prevent middle and intermediate school students from engaging in risky behaviors that involve or contribute to criminal activities, drugs or tobacco usage, or sexual behaviors during the late afternoons when schools are not in session. The UPLINK program promotes positive character traits, i.e. 5Cs – character, confidence, competence, connection, and contribution. As of school year 2017-2018, thirty (30) of the 56 middle and intermediate schools statewide, provide the UPLINK program on their campuses.

1. Aiea Intermediate (Oahu)  
2. Aliamanu Middle (Oahu)  
3. Central Middle (Oahu)  
4. Dole Middle (Oahu)  
5. Ewa Makai Middle (Oahu)  
6. Highlands Intermediate (Oahu)  
7. Hilo Intermediate (Hawaii)  
8. Honokaa High & Intermediate (Hawaii)  
9. Iao Intermediate (Maui)  
10. Ilima Intermediate (Oahu)  
11. Jarrett Middle  
12. Kalakaua Middle (Oahu)  
13. Kamakahelei Middle (Kauai)  
14. Keaau Middle (Hawaii)  
15. Kealakehe Middle (Hawaii)  
16. King Intermediate (Oahu)  
17. Kohala Middle (Hawaii)  
18. Maui Waena Intermediate (Maui)  
19. Molokai Middle (Molokai)  
20. Nanakuli High & Interim (Oahu)  
21. Pahoa High & Interim (Hawaii)  
22. Wahiawa Middle (Oahu)  
23. Waialua Intermediate (Oahu)  
24. Waianae High & Interim (Oahu)  
25. Waiheka Intermediate (Hawaii)  
26. Waialua Intermediate (Oahu)  
27. Waimanalo Elem & Interim (Oahu)
The Department was a member of a work group convened by the State House of Representatives, through House Concurrent Resolution (HCR) 137. Members of the work group included the Department of Education (facilitator) officials and school principals, the Department of Human Services, the Office of Youth Services (government), Hawaii P-20 Partnership for Education group (University of Hawaii), the Honolulu Police Department, After-School All-Stars Hawaii organization (service provider), Kamehameha Schools (private), the Hawaii Afterschool Alliance (advocacy group), representatives from the private sector, and the Office of the Lieutenant Governor.

HCR 137 tasked the work group to address the following:

1. Develop a timeline and inventory of existing after-school programs at middle and intermediate schools;
2. Collect data regarding current levels of costs, funding sources, and student participation of existing after-school programs at middle and intermediate schools;
3. Provide recommendations on improving the availability, quality, and coordination of after-school programs at middle and intermediate schools;
4. Provide recommendations on how collaboration can be promoted between agencies and stakeholders providing after-school care in Hawaii; and
5. To recommend efficient and collaborative ways to address funding, logistics, and outcomes of providing structured after-school programs at middle and intermediate schools.

Although the work group concluded in late 2016 and a final report submitted to the Hawaii House of Representatives, the Department continues to provide education and training to law enforcement, non-profit and community agencies on pregnancy prevention and statutory rape. The information is targeted to include boys and men.

Incentives

The department will not administer an Individual Development Account (IDAs) program for TANF recipients. However, the department recognizes IDAs established by other approved agencies for the benefit of TANF recipients. The department also promulgated administrative rules to support IDA programs. These administrative rules were finalized on January 22, 2002. Effective April 18, 2017, all assets including IDA accounts are disregarded for TANF eligibility and allotment determination.
Non-recurrent Short-Term Benefits

The Department recognizes one-time work-related supportive services as non-assistance when a TANF recipient family exits TANF due to earnings. These supportive services include purchasing appropriate work attire; special clothing (e.g., uniform or protective wear) 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. And provide TANF eligible families with assistance to obtain common household appliances, emergency food and housing placement assistance.

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 interest;
   
   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 crisis intervention and counseling services for families and children to prevent out-of-home placements, or facilitate reunification. Based on the Institute for Family Development’s (formerly Behavioral Sciences Institute) HOMEBUILDERS® Program.

NOTE: The above assistance and services are limited to a maximum duration of one (1) year or less as necessary to alleviate the emergency condition and must be authorized during a single 30-day period, no less than twelve (12) months after the beginning of the family’s last Emergency Assistance authorization.
4. The family must meet all of the following criteria to be eligible for this program:

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 six (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 is no asset limit. Assets which may be converted into cash within 48 hours are considered income.

5. Assistance may be granted, following the receipt of an application but prior to the completion of the investigation of eligibility, on the basis of facts which indicate presumptive eligibility.

A. The investigation of eligibility must be completed within thirty (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 to receive Home Based Services.

Non-Cash Assistance Program (TANF Outreach Program)

Since October 1, 2010, the State conducts outreach services to inform the general public of the TANF program benefits and services that are available to eligible individuals. The department distributes brochures that contain general TANF eligibility information, available services and how they can be accessed. This brochure is used as a means to determine eligibility for SNAP benefits using the broad based category eligibility. The eligibility requirement for this program is that the family's monthly gross income may not exceed 200% of the federal poverty limit.

3.0 Transitional Benefits and Services

Post 60 Month TANF Benefits and Services

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

1. Supplemental Nutrition Assistance Program (SNAP);
2. Participation with the SNAP Employment and Training Program (SNAP E&T);
3. Child Care Subsidies assistance; and
4. Transitional Support Services (TSS) for transportation assistance up to twelve (12) months, or other work-related expenses for up to six (6) months when the individual is employed full-time and active with the FTW at the time of TANF assistance closure.

**Transitional Support**

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 household’s adjusted gross income exceeds the child care eligibility standard which is 85% of the state median income for the applicable family size. See Attachment C-3 for child care income eligibility limits.

FTW participants, who successfully exit the TANF program due to excess income, may be eligible for one-time only work-related expenses. See Attachment C-4 for allowable expenses and dollar limits.

**Part E – MOE**

The following is a complete list of all MOE activities and programs (state TANF/basic MOE, separate state programs, and third party MOE). Hawaii offers services and programs through a combination of state TANF MOE programs and activities (direct and contracted), separate state programs, and third-party programs and activities. These are provided to eligible families whose income does not exceed 300% of the federal poverty limit.

- **TANF administration:** costs associated with the administration of the TANF program including payroll and benefits, systems development and maintenance, ongoing program capacity development, and training. (State basic MOE)

- **TANF assistance:** monthly TANF assistance benefits, including child care and transportation costs, provided to income-eligible TANF program participants. (State Basic MOE)

- **Subsidized employment:** subsidized employment services are provided to eligible TANF work program participants through “First-to-Work” and “Bridge to Hope” programs. (State TANF/Basic MOE and SSP-MOE)

- **Educational and vocational training:** educational and career pathways services and programs provided by state Department of Education and University of Hawaii to eligible TANF work program participants. (State TANF MOE)

- **Pre-employment and job readiness:** support services and activities including job coaching, resume development, interview skills, and job search assistance provided to eligible program participants by the City and County of Honolulu, Institute for Human Services, Parents And
Job development and placement: services and activities provided to eligible TANF work program participants by the Social Services Division under the state Department of Human Services, Department of Labor, and Goodwill Industries. (State TANF MOE and SSP-MOE)

Barrier-removal case management: services and activities provided to eligible TANF participants by DHS Social Services Division and Goodwill Industries to address and resolve barriers to successful work engagement such as alcohol and substance dependency, mental illness, and/or temporary physical/psychiatric disability. (State TANF MOE and SSP-MOE)

Work supports: services and benefits such as assistance in purchasing work-related clothing, tools and equipment; transportation assistance; and education/training related expenses such as books and tuition. Work support services and benefits are provided through the state First-to-Work program. (State TANF MOE and SSP-MOE)

TAONF program: provides assistance, support services, work/education/training services, child care, transportation, healthcare premiums (for pregnant women) and other services typically offered under the Hawaii TANF program, to legal resident families who are eligible under TANF or the Compact of Free Association. (SSP-MOE and 3rd Party MOE)

Child Development and afterschool care: provide full-day and full-year services outside of Head-Start and afterschool child care services through the Honolulu Community Action Program and Hawaii Department of Education. (SSP-MOE and 3rd Party MOE)

Financial education and asset development: financial literacy services and self-help home repair provided by Nanakuli Housing Corporation’s Holomua I Na’au’ao, the Hawaii Home Ownership Center and Goodwill Industries of Hawaii. (SSP-MOE and 3rd Party MOE)

Non-recurrent short term or one-time benefits: work- and education-related expenses, emergency food assistance, household goods and basic appliances, and rent subsidies and assistance, provided by the State’s FTW program, the Hawaii Foodbank, Inc., Helping Hands Hawaii, Hale Kipa, Inc., and the Institute for Human Services. (State TANF MOE, SSP-MOE, and 3rd Party MOE)

Supportive services: housing placement and homeless shelters, domestic violence advocacy and legal services, non-medical alcohol and substance abuse treatment continuum of service, and sex offender and violence intervention services. Providers include Catholic Charities of Hawaii, Family Life Center, Inc., Institute for Human Services, Hope Services Hawaii, Inc., Housing Solutions, Inc., and Ka Hale A Ke Ola Homeless Resources Centers, Inc, Child and Family Service
and YWCA of Kauai, Legal Aid Society of Hawaii, the Salvation Army Family Treatment Services, and Parents And Children Together. (State TANF MOE, SSP-MOE and 3rd Party MOE)

**Transitional support services:** transportation benefits, and no-fault auto insurance coverage for full-time employed families who exited TANF due to income or voluntarily terminated their TANF benefits. (State MOE)

**Pregnancy prevention and youth development activities:** mentoring, counseling, positive youth development activities, afterschool programs, at-risk youth outreach services, and teen pregnancy prevention activities provided by YWCA of Kauai, Big Brothers Big Sisters Hawaii, Goodwill Industries of Hawaii, Kokua Kalihi Valley Comprehensive Family Services for at-risk youth, the Boys and Girls Club of Hawaii, Honolulu Community Action Program, Hale Kipa, Child and Family Service’s Hale O Ulu alternative school, and Hale Opio Kauai’s Imua! Program. (3rd Party MOE)

**Family strengthening services:** provided by various community-based organizations including Helping Hands Hawaii, Alu Like, Inc., and Kokua Kalihi Valley Comprehensive Family Services. (3rd Party MOE)

**Home visiting program:** Home-based parenting and family counseling provided by the Susannah Wesley Community Center. (3rd Party MOE)

**Part F- Historical**

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. There was a public comment period of 45 days to allow individuals and local government organizations and public organizations to provide comments before finalization. TANF according to the 1996 welfare reform rules was implemented when our waiver expired in October 2004. Administrative rules were drafted to comply with the DRA of 2005.
Part G – Certifications

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 activities and employment placement assistance are provided by the First-to-Work (FTW) program.

The Chief Executive Officer of the State of Hawaii 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:

Dec 7, 2018

DATE

DAVID Y. IGE
### Part H- Attachments

<table>
<thead>
<tr>
<th>ATTACHMENT NO.</th>
<th>DOCUMENT TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A – 1</td>
<td>DHS Organizational Chart</td>
</tr>
<tr>
<td>Attachment A – 2</td>
<td>DHS 1240, Application for Financial and SNAP Assistance</td>
</tr>
<tr>
<td>Attachment A – 3</td>
<td>How to Use Your Kokua EBT Card</td>
</tr>
<tr>
<td>Attachment B – 1</td>
<td>DHS 1259, Work Referral and Requirements</td>
</tr>
<tr>
<td>Attachment B – 2</td>
<td>DHS 1242, TANF Memorandum of Understanding</td>
</tr>
<tr>
<td>Attachment B – 3</td>
<td>DHS 1260, Self-Declaration Screening Form to Claim Domestic Violence Victim Status</td>
</tr>
<tr>
<td>Attachment C – 1</td>
<td>Full and Part-Time Tiered Reimbursement Rates for Child Care **</td>
</tr>
<tr>
<td>Attachment C – 2</td>
<td>DHS 736, On-Going Work-Related Expenses</td>
</tr>
<tr>
<td>Attachment C – 3</td>
<td>Child Care Gross Income Eligibility Limits and Sliding Fee Scale **</td>
</tr>
<tr>
<td>Attachment C – 4</td>
<td>DHS 737, One-Time Work-Related Expenses for Individuals Exiting TANF Due to Employment</td>
</tr>
</tbody>
</table>

** Subject to change when the Child Care Development Block Grant Act of 2014 is implemented effective October 2018.
STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Organizational Chart
DEPARTMENT OF HUMAN SERVICES
BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION

Organizational Chart

DHS DIRECTOR

BESSD

PROGRAM OFFICES

AMS
Administrative Management Services Office

CCPO
Child Care Program Office

ETPO
Employment and Training Program Office

FAP
Financial Assistance Program Office

HPO
Homeless Program Office

SNAP
Supplemental Nutrition Assistance Program Office

INVO
Investigations Office

SBA
Statewide Branch Administration

INVESTIGATIONS

OPERATIONS

INVESTIGATIONS

OPERATIONS

Administrative Disqualification Staff

Case Control Staff

Statewide Processing Centers (Eligibility Staff)

Statewide Child Care Licensing Staff

Statewide First-To-Work Staff

Support Services Staff

Pre-School Open Doors

Electronic Benefit Transfer (EBT) Staff

Child Care Licensing

First-To-Work Program

Aid to the Aged, Blind and Disabled Program

HUD Funded Programs

Supplemental Nutrition Assistance Program

Support Services Staff

Child Care Subsidies

TANF Funded Programs and Support Services

General Assistance

Homeless Shelter Programs

SNAP Employment & Training Program

Statewide Licensing Program

Low Income Home Energy Assistance Program

Temporary Assistance for Needy Families Program

Hawaii Island, Kauai, Maui and Oahu Staff

Staff Development

40
STATE OF HAWAI'I
DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES DIVISION

IMPORTANT INFORMATION WHEN APPLYING FOR PUBLIC ASSISTANCE PROGRAMS

The DHS 1240 form is an application for financial and SNAP assistance.

IF YOU ARE APPLYING FOR: YOU NEED TO COMPLETE:

Financial Assistance Signatures required on page 1, 3
Supplemental Nutrition Assistance Program (SNAP) only and 11 of the form.
(SNAP) only (formerly the Food Stamp Program)
Financial and SNAP Signatures required on page 1, 3

If any member of your household receives SNAP or TANF benefits, then all of the children in your
household are eligible for free school meals if their school participates in a USDA meal program.
Please call the child’s school if you have questions regarding the School Lunch Program. They will
be able to provide you information on:
• You think your child should get free meals but does not receive them,
• You do not want the child to get free school meals, or
• You have questions about the USDA meal programs.

Information about the TANF Program and other programs available under the
Department of Human Services can be found at the following website:
http://humanservices.hawaii.gov/bessd/
Bilingual and Sign Interpreter Services

**BESSD** provides free bilingual and sign language interpreters. If you need an interpreter please call 1-888-764-7586 and press 7, this is a toll-free telephone number. You can also get help in person at the BESSD office near you.

**BESSD** 提供免费的双语和手语口译。如果您需要一位口译请拨打 1-888-764-7586 并按 7 键，这是一个免费的电话号码。您也可以亲自到附近的 BESSD 办公室寻求帮助。

**BESSD** 會安排時時間到你附近的地方為你安排口譯服務。如需安排口譯服務，請撥打 1-888-764-7586 及按 7 号鍵，這是一條免費電話號碼。您也可以親臨附近的 BESSD 辦公室尋求協助。

**BESSD** 会免费提供双语和手语口译服务。如需口译服务，请拨打 1-888-764-7586 并按 7 键。这是一个免费的电话号码。您也可以亲自到附近的 BESSD 办公室寻求帮助。

**BESSD** 提供免费雙語及手語口譯服務。如需安排口譯服務，請拨打 1-888-764-7586 及按 7 号鍵。這是一條免費電話號碼。您也可以親臨附近的 BESSD 办公室尋求協助。
APPLICATION FOR FINANCIAL AND SNAP ASSISTANCE

APPLICATION RULING: 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 may fill out 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.

PLEASE PRINT CLEARLY

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

Your Name [ ]: ___________ Your Social Security No. [ ]: ___________
Employer [ ]: ___________ Employer's Social Security No. [ ]: ___________
Your Address [ ]: ___________ City [ ]: ___________ State [ ]: ___________
Your Phone [ ]: ___________ Zip [ ]: ___________

Number of Persons with whom you reside [ ]: ___________ Income: $___________

How many people do you live with? [ ]: ___________ How many children are in your household? [ ]: ___________

Date of Birth [ ]: ___________ Date [ ]: ___________

IF YOU ARE PREGNANT, ARE YOU 8 MONTHS PREGNANT OR MORE? [ ]: ___________

IF YOU ARE A VIOLATION OF COURT ORDER OR IF YOU ARE SUBJECT TO PROTECTION ORDER, PLEASE ATTACH A COPY OF THE COURT ORDER TO THIS APPLICATION.

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 instead of an office interview. To shorten this processing time, you should submit proof of income 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 within 30 days 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 in arrears, you may reschedule 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 benefits. 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 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 household 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
- Is anyone in your home a seasonal farm worker whose only source of income for the month terminated before applying and income is less than $25 is expected within the next 10 days?
- Does anyone in your home have cash or savings or bank accounts? If yes, how much?
- Has anyone in your home received money this month? If yes, how much?
- Does anyone in your home expect to receive any money this month? If yes, how much? When? (Date)
- Are you currently paying any of the following other expenses? If yes, list the amounts: Rent/Mortgage Water Gas Phone
- Have you been served court papers to get out of your present living arrangement? (Attach papers)
- Are you living in an agency temporary facility and have to get out in five days? If yes, name of facility?
## 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, handicap, foster child, etc.). Enter the name and address of applicant's representative below.

**Representative's Name:** [ ] **Parent**
[ ] **Petitioner**
[ ] **Applicant**

**Representative's Address:** [ ] **Phone:** [ ]

### 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:** [ ] **Petitioner**
[ ] **Applicant**

**Representative's Address:** [ ] **Phone:** [ ]

## ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE

I permit the following individual to have access to my SNAP benefits and to purchase my food. 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:** [ ] **Petitioner**
[ ] **Applicant**

**Representative's Address:** [ ] **Phone:** [ ]

### 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

5. Is anyone a disabled person? [ ] Yes [ ] No

6. Is anyone a disabled person? [ ] Yes [ ] No

7. Has anyone in the household been found guilty of misrepresenting residence to obtain assistance in two or more States? [ ] Yes [ ] No

8. IS THERE A CURRENT ILLEGAL IMMIGRATION INSURANCE? [ ] Yes [ ] No

### 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 documents with the Immigration and Naturalization Service (INS). The INS will furnish information only as provided by the INS legislative. The INS is not allowed to institute any adverse action against you based on INS DHS inquiry. This information received from the INS may affect your identification of alien and amount of benefits from this document. I certify under penalty of perjury that the information below on each individual member is correct.

**Signature of Adult Applicant:** [ ]

**Date:** [ ]

### COMPLETE IF YOU ARE A NON-U.S. CITIZEN

|------|----|--------------|-----------|--------------|-----|------|-------------|-------------------|--------------|-------------------|---------------------|

**NOTE:** If you are a permanent alien you will be asked to provide evidence of such status.

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

**Name:** [ ]

**Address:** [ ]

**Phone:** [ ]
10. What's the primary language spoken in your home?

☐ 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.

11. Has anyone ever received financial SNAP assistance?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>NAME</th>
<th>Type of Assistance</th>
<th>Date Last Received</th>
<th>County/State Last Received</th>
</tr>
</thead>
</table>

12. Has any household member been disqualified from the SNAP or financial assistance program?

☐ Yes  ☐ No

If yes, fill in name, program, disqualification period, and state.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROGRAM</th>
<th>DISQUALIFICATION PERIOD</th>
<th>COUNTY/STATE</th>
</tr>
</thead>
</table>

13. For SNAP applicants/recipients only: if you are age 18 through 60, able-bodied adult without dependents (AB/AWD), 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 work training program under the Employment and Training (E&T) program, Workforce Investment Act or Trade Adjustment Assistance (TAA)?

☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>NAME</th>
<th>Work Training Program</th>
<th>Participation Status</th>
</tr>
</thead>
</table>

14. Is anyone on strike?  ☐ Yes  ☐ No  If yes, name:

15. List the persons who are needed in the home to care for a disabled person:
16. 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 ASSETS

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>ASSET</th>
<th>NAME OF PERSONS ON ACCOUNT</th>
<th>NAME OF FINANCIAL INSTITUTION &amp; BRANCH</th>
<th>ACCOUNT NO.</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>ASSET</th>
<th>NAME OF PERSONS ON ACCOUNT</th>
<th>NAME OF FINANCIAL INSTITUTION &amp; BRANCH</th>
<th>ACCOUNT NO.</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### LIQUID ASSETS

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>ASSET</th>
<th>NAME OF PERSONS ON ACCOUNT</th>
<th>NAME OF FINANCIAL INSTITUTION &amp; BRANCH</th>
<th>ACCOUNT NO.</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER ASSETS

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>ASSET</th>
<th>PERSON &amp; LISTED AS OWNER</th>
<th>MARKET VALUE</th>
<th>AMOUNTPaid</th>
<th>EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TRANSFER OF PROPERTY

17. 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:

<table>
<thead>
<tr>
<th>ITEM/SPECIFIC TRANSFER</th>
<th>DATE</th>
<th>REASON FOR SALE/TRADE</th>
<th>MARKET VALUE OF ITEM</th>
<th>AMOUNT PAID</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### STUDENT INFORMATION

18. Is anyone aged 16 years and older a student?  [ ] Yes  [ ] No

If yes, complete below:

<table>
<thead>
<tr>
<th>NAME OF STUDENT</th>
<th>NAME OF SCHOOL</th>
<th>FULL TIME</th>
<th>PART TIME</th>
<th>START DATE</th>
<th>END DATE</th>
</tr>
</thead>
</table>

19. Has anyone applied for admission to a college, training, or vocational school?  [ ] Yes  [ ] No  Name:
**UNEARNED INCOME**

20. 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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>SOURCE OF INCOME</th>
<th>PERSON WHO RECEIVES INCOME</th>
<th>MONTHLY AMOUNT</th>
<th>HOW OFTEN RECEIVED (MONTHLY/ WEEKLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Social Security</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistance Payments from Another State</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unemployment Benefits</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing Authority (PHA), Section 8, Energy Assistance</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child Support, Alimony</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Money from friends, relatives, charities, contributions, gifts, etc.</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood/Passing income</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interest/Dividend/Stocks</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Veteran's Benefits, Railroad Retirement, other Governmental Benefits</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retirement/Pension, Profit Sharing, Annuity Pay</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Temporary Disability Insurance Worker's Compensation</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training Allowance, Vocational Rehabilitation, EIPA</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foster Care Payments</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strike Pay</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Military Retirement Bonus</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Military Allowance</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Money from land/leasing sales, rental, leases (to include agreement of sale)</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prizes, Cash, Gifts, Awards</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insurance Settlements</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reapplication or Appeal of a Denied Benefit (such as SSI or Unemployment benefits, etc.)</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (Specify)</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
**Earned Income**

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

<table>
<thead>
<tr>
<th>Employee</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Is anyone working?  
- [ ] Yes  
- [ ] No  
If Yes, complete and bring verification to the interview.

<table>
<thead>
<tr>
<th>PERSON EMPLOYED</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW OFTEN PAID</th>
<th>PAYDAY</th>
<th>HOURS WORKED PER WEEK</th>
<th>HOURLY RATE OF PAY</th>
<th>GROSS PAY PER CHECK</th>
<th>TIPS PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON EMPLOYED</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW OFTEN PAID</th>
<th>PAYDAY</th>
<th>HOURS WORKED PER WEEK</th>
<th>HOURLY RATE OF PAY</th>
<th>GROSS PAY PER CHECK</th>
<th>TIPS PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. 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.

<table>
<thead>
<tr>
<th>SELF-EMPLOYED PERSON</th>
<th>TYPE OF BUSINESS</th>
<th>HOURS WORKED PER WEEK</th>
<th>MONTHLY GROSS</th>
<th>MONTHLY EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

24. Does anyone receive money from roomers or boarders?  
- [ ] Yes  
- [ ] No  
If Yes, complete the following:

<table>
<thead>
<tr>
<th>ROOMER'S/BOARDER'S NAME</th>
<th>MONTHLY AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ROOM</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF PERSON</th>
<th>EXPLAIN</th>
<th>DATE OF CHANGE</th>
</tr>
</thead>
</table>

(01/01/2023)
**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

26. Does any person or agency outside your household help pay for or provide, at no cost to you, any of the expenses listed below?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, (✓) the expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Yes, what person or agency helps pay or provide the expenses?

Do you need to pay them back?  [ ] Yes  [ ] No

27. Is anyone in your household working off any part of the rent?  [ ] Yes  [ ] No  [ ] If Yes, indicate amount $ __________

28. Do you live in Public Housing?  [ ] Yes  [ ] No

29. Check Yes or No and complete information for each item:

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Current Billed Amount</th>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Current Billed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td></td>
<td></td>
<td></td>
<td>Prepaid Rent, Lease, Rental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat/Cp</td>
<td></td>
<td></td>
<td></td>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage/Credit Mortgage</td>
<td></td>
<td></td>
<td></td>
<td>Utility Installation Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Property Tax, Assessment</td>
<td></td>
<td></td>
<td></td>
<td>Unsecured Home Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeowners Insurance</td>
<td></td>
<td></td>
<td></td>
<td>Car Payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
<td></td>
<td>If car is used as a home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage, Sewer, Trash Collection</td>
<td></td>
<td></td>
<td></td>
<td>Car Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td>Other (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

List your tenant's name, address and phone number.

30. Are you billed separately for utility costs?  [ ] 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:

**Electric/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.

**ANY QUESTIONS REGARDING THESE OPTIONS CAN BE DISCUSSED WITH YOUR WORKER. ONCE YOU SELECT AN OPTION, YOU CAN CHANGE IT ONLY ONCE IN 12 MONTHS.

31. Does your room or rent payment include meals?  [ ] Yes  [ ] No  [ ] If Yes, complete the following:

<table>
<thead>
<tr>
<th>Payment Room/Meals</th>
<th>No. of Meals Provided Per Day</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
### ALIMONY/CHILD SUPPORT EXPENSES

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

<table>
<thead>
<tr>
<th>TYPE OF PAYMENT</th>
<th>AMOUNT</th>
<th>DATE PAID</th>
<th>NAME OF PERSON PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEPENDENT CARE EXPENSES

33. 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:

<table>
<thead>
<tr>
<th>NAME OF PERSON RECEIVING CARE</th>
<th>NAME OF PERSON PAYING CARE</th>
<th>BILLING</th>
<th>YR AS CARE PROVIDER</th>
<th>TOTAL CARE EXPENSES</th>
<th>NAME AND ADDRESS OF PERSON PROVIDING CARE</th>
</tr>
</thead>
<tbody>
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</table>

### MEDICAL EXPENSES

34. 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, or entitled to, but not receiving, SSI or Social Security Disability or Blindness Benefits, (4) a disabled veteran, or (5) is disabled spouse or child of a deceased Veteran. Medical bills/expense include: Medicare premium, prescription drugs, doctor and dental bills, medical transportation costs, glasses, dentures, hearing aids, service of a nurse, attendant, etc.

<table>
<thead>
<tr>
<th>NAME OF PERSON THE EXPENSE IS FOR</th>
<th>AMOUNT PAID</th>
<th>ESTIMATED TOTAL</th>
<th>HOW OFTEN PAID</th>
<th>NAME OF DOCTOR/HOSPITAL/PHARMACY/INSURANCE COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
[1] SOCIAL SECURITY NUMBER(S)(S): Pursuant to 43 USC 1320a-7, the SSN(s) of persons applying for and receiving help in the Financial and SNAP will be used to check identities of household members involved in duplicate participation, verify income/asset amounts and to discourage fraud. SSA will also be used in program reviews and audits and in computer matching with the Internal Revenue Service, Department of Labor, and Social Security Administration to make sure your household is eligible. This may result in civil or criminal action against persons involuntarily 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 notified, you must act by the date shown on your letter.
- To have your record kept confidential.
- To have a bilingual or sign-language Interpreter. All oral and written communication is to be in English. If you do not understand what you have been told, please contact your worker right away.
- To have your record kept confidential.
- To have reasonable access to your file.
- To have the protection of due process when challenged by the Federal program.
- To request a merits review of your case.

[3] YOUR RESPONSIBILITIES:

All households identified 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 you are determined to be a Simplified Reporting household you are required to complete a 6 Month Report form. You are only required to report the following items on your 6 Month Report any change in household income, education, earned income, and self-employment income that may change the program's determination of income and assets.

In addition to the 6 Month Report, you will have to report the changes within 10 days of the change for the financial assistance program.

In household composition and when the household's total gross income equals 100% of the Federal Poverty Level (FPL). For the SNAP, you are required to report any change in the household's composition that occurs at the FPL.

FINANCIAL ASSISTANCE PROGRAMS

Households can receive assistance from more than one program. In this case, you must report each change as required for each program. Changes may be reported in writing or in person by electronic data entry.

REPORTING CHANGES FOR ALL OTHER HOUSEHOLDS

Households who are not required to complete the following changes within 10 days of the date the change becomes known.

- Informant Income. A change in the source of earned income or a change of more than $20 in the amount of earned income, except changes related to the Federal Assistance Grant. Examples of Unemployment Income, Unemployment Insurance (UI), Veteran's Benefits (VA), Tax Refunds, Inheritance, Gifts or contributions from relatives, or unemployment or self-employment expenses of other sources of income. If a change is household composition, you must report how the change affects your income and assets.

- Changes in Financial Assistance Programs. A change in the income level of a household member. If the change is in the income level of a household member and that change affects the program's maximum level, you are required to report the change in writing or in person.

- Changes in Residence and Shelter Costs. A change in the amount and type of shelter you pay.

- Child Support Obligations. For the SNAP, any change in child support due to the Social Security Number.

ELECTRONIC BENEFITS TRANSFER (EBT) You are responsible to report lost, stolen, or missing EBT cards immediately by calling the EBT call center. If you are not sure, call the EBT call center. If there is no replacement card, you will receive a new card within 10 days of your request or the final EBT account will be closed.

(4) PENALTY WARNING:

- Do not make any false statements or hide any information.
- Suits and court proceedings may be brought against you and your family for violation of the law.

- Do not do anything dishonest to get money and SNAP benefits which you are not entitled to.
- 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.
- 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 violations disqualification to participate in the SNAP for 12 months for the first violation. For the second violation, two years for a second violation and permanently for the third or any subsequent violation and an additional 12 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 use of firearms, ammunition or explosives is permanently ineligible to participate in the 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 five years for first violation and permanently for the second violation. Individuals who have committed and been convicted of Federal or State offenses after December 31, 1987 for possession, use or distribution of illegal drugs and who refuse 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 lied more than one application at the same time and have given false information or withholding information. Failing to appear and protection orders are ineligible for the financial and SNAP.
5. YOUR AUTHORIZATION:
   a. I agree that the information I provide to the Department will be subject to verification by federal and local officials in determining 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.
   b. I authorize the Department to check any financial institution, excluding 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 any account I may have with the financial institution.
   c. I agree to provide the necessary documents to verify the information I have made. If documents are not available, I agree to sign the form of request or organization (i.e., doctor, employer, state of federal agency) where the Department may contact for information about the benefits I might be entitled to or the amount of benefits I am entitled to.
   d. I agree to cooperate with the Federal, California, and County law enforcement, and if my case is selected for review.
   e. I understand that the Department may use the information and data entered in the Department’s documentation system, in the administration of federally assisted programs which provide assistance on the basis of need.
   
6. ASSIGNMENTS AND AGREEMENTS:
   a. ASSIGNMENT OF BENEFITS: I understand that as a condition of eligibility for SNAP assistance, I agree to assign the Department of Social Services (DSS) all benefits and any other property to persons for whom I am responsible and for which I have legal responsibility. The assignment will be used to determine whether another person is eligible for SNAP benefits. If another person is found to be eligible for benefits, the benefits will be allowed for that person, and the assignment will be reduced to reflect the benefits allowed. The assignment will continue until the person(s) who are eligible for benefits are no longer eligible for benefits.
   b. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   c. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   d. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   e. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   f. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   g. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   h. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   i. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   j. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   k. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   l. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   m. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   n. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   o. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   p. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   q. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   r. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   s. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   t. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   u. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   v. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   w. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   x. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   y. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   z. RECEIPT OF BENEFITS: I understand that if I fail to comply with the terms of the assignment, the Department may refuse to provide benefits to me, my family, or any other person for whom I am responsible.
   
7. SNAP PRIVACY ACT STATEMENT:
   a. I certify that I have read and understand the following information:
   b. I certify that I have read and understand the following information:
   c. I certify that I have read and understand the following information:
   d. I certify that I have read and understand the following information:
   e. I certify that I have read and understand the following information:
   f. I certify that I have read and understand the following information:
   g. I certify that I have read and understand the following information:
   h. I certify that I have read and understand the following information:
   i. I certify that I have read and understand the following information:
   j. I certify that I have read and understand the following information:
   k. I certify that I have read and understand the following information:
   l. I certify that I have read and understand the following information:
   m. I certify that I have read and understand the following information:
   n. I certify that I have read and understand the following information:
   o. I certify that I have read and understand the following information:
   p. I certify that I have read and understand the following information:
   q. I certify that I have read and understand the following information:
   r. I certify that I have read and understand the following information:
   s. I certify that I have read and understand the following information:
   t. I certify that I have read and understand the following information:
   u. I certify that I have read and understand the following information:
   v. I certify that I have read and understand the following information:
   w. I certify that I have read and understand the following information:
   x. I certify that I have read and understand the following information:
   y. I certify that I have read and understand the following information:
   z. I certify that I have read and understand the following information:
   
8. YOUR CERTIFICATION (MUST BE SIGNED TO BE CONSIDERED A VALID APPLICATION):
   a. Before signing this application, read and check that you have answered each question. Make sure you understand your rights and responsibilities, the penalties for violating your agreement, and to whom any benefits will be paid.
   b. I certify that I have read and understand the following information:
   c. I certify that I have read and understand the following information:
   d. I certify that I have read and understand the following information:
   e. I certify that I have read and understand the following information:
   f. I certify that I have read and understand the following information:
   g. I certify that I have read and understand the following information:
   h. I certify that I have read and understand the following information:
   i. I certify that I have read and understand the following information:
   j. I certify that I have read and understand the following information:
   
9. CERTIFICATION BY AUTHORIZED REPRESENTATIVE OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION (☐): Please check off box.
   a. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   b. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   c. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   d. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   e. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   f. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   g. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   h. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   i. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   j. I certify that the application is being filled out by an authorized representative or other person assisting in filling out the application.
   
10. IN CASE OF EMERGENCY OR DEATH, THE PERSON TO CONTACT IS: (Please Print)
   a. Name of contact person:
   b. Address:
   c. Phone number:
   d. Relationship to applicant:
   e. Date of birth:
   f. Social Security number:
   
11. CERTIFICATION BY ELIGIBILITY WORKER:
   a. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   b. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   c. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   d. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   e. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   f. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   g. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   h. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   i. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   j. I certify that the applicant has been interviewed and has agreed to the conditions of eligibility.
   
55
STATE OF HAWAII
NATIONAL VOTER REGISTRATION ACT QUESTIONNAIRE

If you are not registered to vote where you live now, would you like to apply to register to
vote here today?
□ YES  □ NO

If you do not check either box, you will be considered to have decided not to
register to vote at this time.

Applying to register or declining to register to vote will not affect the amount of
assistance that you will be provided by this agency.

If you would like help filling out the voter registration form, we will help you. The decision
to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or not to register to
vote, or your right to privacy in deciding whether or not to register or applying to register
to vote, you may file a complaint with:

Office of Elections
802 Lohua Avenue
Pearl City, Hawaii 96782
Phone: (808) 453-VOTE (8683)
Neighbor Islands Toll Free: 1-800-442-VOTE (8683)

________________________
Name

________________________   _____________________
Signature     Date

ID. # A 0 1 7

DHR 12-0

54
Voting in Hawaii

Voting is an essential part of our democratic process. By voting, you choose the representatives who will make decisions affecting you, your family and your community. If you care about the future of Hawaii, register and vote!

What Types of Elections Does Hawaii Hold?
In every even numbered year, Hawaii holds a Primary Election in August and a General Election in November.

Permanent Absentee Voting
Permanent absentee voting allows registered voters to receive their ballots by mail for future elections.

You will remain on the list of Permanent Absentee Voters unless:
• you fail to return a voter ballot by 8:00 P.M. election day in both the primary and general election,
• register to vote in another jurisdiction, or
• fail to keep your voter registration updated.

Who May Register to Vote?
You may register to vote if you are:
• a citizen of the United States of America,
• a legal resident of Hawaii, and
• at least 18 years of age (Pre-registration is allowed at age 16. You must be 18 years old by election day to vote).

You are not eligible to register or to vote if you are a convicted and confined felon or you are declared mentally incompetent.

Special Voting Services
Any voter who requires assistance to vote by reason of physical, visual, or hearing disability or an inability to read or write may be given assistance by a person of the voter’s choice — other than the voter’s employer, agent of the employer, or agent of the voter’s union (42 U.S.C. 1973-an-d).

Every polling place has a Voter Assistance Official who can provide the following:
• language assistance materials to voters who have difficulty with the English language;
• assistance to voters with physical disabilities; and
• assistance voting assistance to voters who are unable to leave their vehicles to vote.

LANGUAGE ASSISTANCE

Tulolong para iti Lenggkuh - Filipino (Ilocano)
Dagii manayan nga nasabi ti abat a llinggu na makaitong kanyayi ti panangkampiel ti ahiya a pail ni makauban na maalay Openda ti City/County Clerk. Pangangatay ti laya apanawa nga turo ni kapubte ni kapulungan nga nasabat a day makinaubat.

Chinese
為了幫助您更好的完成選舉表格，
我們在市縣選舉辦公室
為您提供翻譯好的選舉材料，
請根據下面列出的
電話號碼聯系相關部門。

Japanese
外国語でも投票できるように、翻訳された投票用
紙や投票説明書が市役所に用意されています。
下記の連絡先までお電話下さい。

Official revised 2015

Should I Re-register to Vote?
You should re-register if you changed your name, residence address or mailing address.

How Long are the Polls Open?
Polling places are open from 7:00 A.M. to 8:00 P.M. If you are not sure of your polling place, call your City or County Clerk.

Will I Be Notified of My Polling Place?
Yes. Your City/County Clerk will send you a Notice of Voter Registration and Address Confirmation (NVRC) card with your polling place listed on it.

You are not properly registered if:
• you do not receive the NVRC card;
• you no longer live at the address listed on the NVRC card; or
• your residence address on the NVRC is the address of a mailing service or a business.

Do I Have to Take Time Off from Work to Vote?
You may be entitled to not more than two consecutive hours off from work on election day in order to vote. Ask your employer first and keep your ballot stub as proof of voting (ref. §HRS 11-58).

Contact Information
For additional information, call the Voter Hotline at:
(836) 453-VOTE (8683)

Neighbor Islands call toll-free 1-800-442-VOTE (8683)

Website address: www.hawaii.gov/elections

Para with hearing or speech disabilities should call the Office of Elections TTY phone at: (808) 453-8150

Neighbor Islands call TTY toll-free 1-800-345-5815

Sprint Relay Hawaii 711 (TTY)
Voice Carry Over (VCO): 1 (877) 447-9962
Speech to Speech (STS): 1 (877) 447-8771

English (Translation)

Translating voting materials to assist you in completing this form are available at the Office of the City/County Clerk. Please call the appropriate phone number listed below.

For more information, please call the Office of the City/County Clerk:

Honolulu: .................. (808) 768-3800
Maui: .................. (808) 270-7749
Kauai: .................. (808) 241-4800
Hawaii: .................. (808) 961-8277

Attachment A-2
Page 15 of 17

PAGE 55
Voter Registration & Permanent Absentee

Important: Print clearly in black ink.

I hereby swear (or affirm) that the following information is true and correct:

<table>
<thead>
<tr>
<th>Social Security Number*</th>
<th>Date of Birth</th>
<th>Telephone Number</th>
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<tbody>
<tr>
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<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Residence Address (Must be completed. P.O. Box, R.R., E.R. are not acceptable)</th>
<th>Apt. No.</th>
<th>City/Town</th>
<th>Zip</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address in Hawaii (Street address or P.O. Box)</th>
<th>City/Town</th>
<th>Zip</th>
</tr>
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<tbody>
<tr>
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</table>

If not street address, describe location of residence (Last name if has state completed) | City/Town | Zip |
<table>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Optional - Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
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</tbody>
</table>

Are you a registered voter in another state? If "yes" please provide your last registered address, county, state, and zip. I hereby authorize cancellation of my previous registration.

READ AND SIGN BELOW

**VOTER REGISTRATION**

I hereby swear (or affirm) that:

For Federal, State, and County Elections:

A. I am a citizen of the United States of America [ ] YES [ ] NO
   (Non-US citizens including U.S. nationals do not qualify)

B. I am at least 16 years of age and C. I am a resident of the State of Hawaii
   I understand that I must be 18 years old by election day to vote. [ ] YES [ ] NO
   (This residence statement below is not necessary because of my presence in the State, but that the residence was acquired with the intent to make me my legal residence with all the accompanying obligations therein.)

If you checked "No" in response to any of these affirmations, do not complete this form.

Signature __________________________________________

Date ______________________________________________

Witness Signature, Address, and Phone Number (required only if applicant makes a mark)

**PERMANENT ABSENTEE**

Complete only if you want to receive your ballots by mail.

I am requesting to receive absentee ballots permanently.

Please mail my ballots to:

[ ] Residential Address (Box #5) [ ] Mailing Address (Box #5)

Address __________________________________________

City State Zip Code ________________________________

I am responsible for informing the clerk of any changes to my personal information, including changes to the mailing address for my absentee ballot. I also understand that my permanent voter status will remain in effect unless and until one of the following occurs (apply):

A. If I request cancellation of status in writing, or
B. If I die, lose my voting rights, or I am otherwise disqualified from voting, or
C. If I register to vote in another jurisdiction, or
D. If my absentee ballot, voter registration postcard, or any other election mail is returned as undeliverable for any reason, or
E. If I do not return a voter ballot by 6:00 p.m. on election day in both the primary and general elections of an election year; and

I understand that if my permanent absentee voter status is terminated:

I will be responsible for resigning for permanent absentee status.

Signature _________________________________________

Date ______________________________________________

**FOR OFFICE USE ONLY**

[ ] ID No. 14

[ ] Location Code A 0 1 7

Note: Any person who knowingly furnishes false information may be guilty of a Class D felony, punishable by up to 5 years in prison.
Wikiwiki Voter Registration  
& Permanent Absentee Form - Instructions

STEP 1  
Complete the Application

1. Print your Social Security Number.
2. Print your Date of Birth.
3. Enter your Telephone Number.
4. Print your Name - Last, First and Middle Initial(s).
5. Print your Residence Address in Hawaii (house number and street name).  
   You must be registered to vote in the county and precinct where you live.  
   Note: A Post Office Box, Star Route, Rural Route, General Delivery, Business Address or  
   Mailing Service Address is not an acceptable residence address.
6. Print your Mailing Address in Hawaii.
7. If your residence does not have a street address, describe the location of your residence.  
   Include details such as subdivision, village, tax map key no, and zip code.
8. Check the appropriate "Female" or "Male" box.
9. Print your email address.
10. If you are registered to vote in another state but now wish to register to vote in Hawaii,  
    complete box #10. Your registration in that state will be canceled.  
    Note: You may register to vote in only one state.
11. Read carefully, and remember to check "Yes" or "No" box for each affirmation. Sign and date.  
    Your application will not be accepted if you fail to mark the appropriate boxes or withhold your  
    signature. If your signature is a mark, a witness signature is required. (Box #13)
12. Read carefully, and check appropriate box for address. Sign and date. If your signature is a  
    mark, a witness signature is required. (Box #13)

Notice to First Time Voters Who Register to Vote by Mail:
If you are (1) registering to vote for the "first time in the State of Hawaii," and (2) are mailing this  
Application for Voter Registration, federal law (42 U.S.C. § 15483) requires you to provide proof  
of Identification. Proof of identification includes a copy of:
- A current utility bill, bank statement, government check, paycheck, or other government  
  document that shows your name and address.

If you do not provide the required proof of identification with this Application for Voter Registration, you  
will be required to do so at your polling place, or with your voted absentee mail-in ballot.

STEP 2  
Mail the Application:
- no later than 30 days prior to the election if applying to register to vote
- no later than 7 days prior to the election if applying for permanent absentee status

County of Hawaii  
25 Aupuni St., Rm. 1502  
Hilo, HI 96720-4245  
Ph. (808) 961-8277

City and County of Honolulu  
530 S. King St., Rm. 100  
Honolulu, HI 96813-3077  
Ph. (808) 768-3800

County of Maui  
200 S. High St., Rm. 708  
Wailuku, HI 96793-2155  
Ph. (808) 270-7749

County of Kauai  
4386 Rice St., Rm. 101  
Lihue, HI 96766-1819  
Ph. (808) 241-4800
Welcome to Hawaiian Electronic Benefit Transfer (EBT) and your Kūkui EBT Card. The Kūkui EBT Card is your key to accessing your benefits.

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

It's so simple!

HOW TO USE YOUR KŪKUI EBT CARD AT THE GROCERY STORE

1. Know your balance before you go shopping.
2. Select your Kūkui EBT Card through the POS (Point of Sale) machine or hold your card in the cashier's hand.
3. Sign the card to start the purchase.
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 amount will be deducted from your account.
7. Keep your receipt and your balance statement.

HAWAII QUESTIONS AND ANSWERS

How do I get my benefits with the Kūkui EBT Card?

Each month your benefits will be automatically added to your account. You will see the Kūkui EBT Card balance on your statement. You can use your benefits to get cash or buy goods, and your account balance will decrease.

When do I get my benefits?

Benefits will be deposited into your EBT account on the first day of each month, at the end of the month, and on the 15th of each month. You can withdraw cash at any time.

What should I do if I lose my card?

If your Kūkui EBT Card is lost, stolen, or damaged, you can replace it by calling Customer Service at 1-844-326-4992.

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 at 1-844-326-4992.

What if there is an incorrect transaction on my account?

If a transaction is incorrect or too much or too little is taken from your EBT account, you can call Customer Service at 1-844-326-4992.

How will I know my account balance?

You can check your account balance by calling Customer Service at 1-844-326-4992, or you can visit the EBT website or use the EBT mobile app.

How do I use my Kūkui EBT Card at an Automated Teller Machine (ATM)?

1. Insert or swipe your card.
2. Enter your Personal Identification Number (PIN) and press the OK or ENTER key.
3. Select the cash withdrawal amount on the keypad. The terminal will show ****.
4. Press the OK or ENTER key.
5. Enter your account PIN and press the OK or ENTER key.
6. Enter the amount you wish to withdraw. The terminal will show the amount.
7. Take your cash card, your receipt, and your cash.
8. Count your cash and compare it to your receipt.
9. Keep your receipt to help you keep track of your balance the next time you need cash.

ATM restriction: If you remove your cash card from the ATM, you may be allowed to withdraw cash once every 24 hours. It is recommended to keep the cash card in your wallet at all times.

How do I make sure of my card?

1. Sign the back of your card.
2. Do not write your PIN on your card.
3. Keep your cash card safe and clean.
4. Do not show your card.
5. Keep your card away from magnets and electronic devices such as TV sets, radios, microwave ovens, etc.
6. Do not place it in direct sunlight (i.e. on your car dashboard).
7. Do not share your card away; use only your card and your benefits.

What is a Personal Identification Number (PIN)?

A PIN is a four-digit secret number that allows you to use your Kūkui EBT Card. You can change your PIN on the internet or at a teller machine by calling Customer Service.

Never tell your PIN to anyone. Never lose your PIN, or give it away in writing, or over the phone.

What if I forget my PIN?

If you forget your PIN or want to change your PIN, you can call our Customer Service at 1-844-326-4992. You should choose a number that is 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 PIN machine or at the ATM. If you enter the wrong PIN, you have three more chances to enter the correct number. If you do not enter the correct PIN by the fourth time, you will not be able to use your card until after midnight because a block is placed on your card. In some cases, your card may be blocked by the ATM. If the ATM blocks your card, call Customer Service.

Remember, you can change your PIN at any time on the internet or by calling Customer Service.

What should I do if someone finds out my PIN?

Immediately call Customer Service and sign on to the internet or call the EBT phone number and select new PIN.

How will I know my account balance?

You can view your account balance on the internet or by calling Customer Service. If you don't have a PIN, you may check your balance on the internet or call the EBT phone number.
What happens if the POS machine is not working?
If you need to make a cash deposit or withdraw your SNAP benefits from an ATM and the machine is not working, or there is no cash, the cash card will not be accepted and you will be allowed to keep the cash card. The bank will then be notified that you have not used your Cash Card.

Can I get a cash advance and withdraw money or transfer to my EBT card?
By using a separate terminal, you can withdraw cash from your EBT account and transfer funds to your bank account. You can also use an ATM to deposit or withdraw cash.

Are there any transaction fees or surcharges for using the Kōkua EBT Card?
There are no transaction fees for using your SNAP benefits to shop for food with your Kōkua EBT Card. There is a fee for using your Cash Card to help fund the cash back feature. You can use the Kōkua EBT Card to pay for purchases at select retailers. There are no fees or surcharges for using the Kōkua EBT Card.

Who is the Authorized Representative?
If you need assistance, you can contact an Authorized Representative. You can call the toll-free number 1-888-328-5202 to speak with an Authorized Representative. You can also visit www.ebtEDGE.com to find more information about the Kōkua EBT Card.

What do I do if my card is lost, stolen, or damaged?
If your card is lost, stolen, or damaged, you can contact the issuer of your card. You can also go to a local bank or credit union to report the loss, theft, or damage. You can also call the customer service number on the back of your card.

What if I need to change my address?
You can contact your bank or credit union to update your address. You can also go to a local bank or credit union to update your address.

Check your balance and get other account information online at www.ebtEDGE.com.

Tips to take care of your Kōkua EBT Card:
- DO NOT damage or bend your card.
- DO NOT write on or scratch the back of your card.
- DO NOT put your card near magnets, credit cards, or computers.
- DO NOT leave your card in the car.
- DO NOT hang your card on your key chain.
- DO NOT throw your card away. It may be reused by another person.
Work Referral and Requirements

Name of Applicant/Recipient

Case Number

Unit Worker Code

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 in order to be eligible. 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 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 in a work program. When you no longer meet any of the following conditions, you will be required to participate in 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 in 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

DHS 1259 (09/08)

Prepared 2 copies. File Original
Copy to Applicant/Recipient
 Temporary Assistance for Needy Families

Memorandum of Understanding

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 am 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 an 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. At 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.

Attachment B-2
**SELF-DECLARATION SCREENING FORM TO CLAIM DOMESTIC VIOLENCE VICTIM STATUS**

**1. 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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you working 20 hours or more per week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you attending school for more than six (6) credit hours per week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does domestic violence make it difficult for you to go to work or attend school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. What is your relationship to the perpetrator of the domestic violence?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. Which of the following protective actions have you taken as a result of the domestic violence inflicted by the alleged perpetrator?**

| a. I have a current court order protecting me or a member of my family from the alleged perpetrator. |     |
| b. I am a party to a pending divorce or custody action which involves issues of current or past domestic violence. |     |
| c. I have stayed in a domestic violence shelter. |     |
| d. I had to stay with a friend or relative to escape from the domestic violence and my friend or relative was willing to provide a sworn statement of this. |     |
| e. I or a member of my household has been a victim of an incident of domestic violence which resulted in arrest, arraignment or conviction of the alleged perpetrator of the abuse. |     |
| f. Within the past twelve (12) months, I or a member of my household has been hospitalized or received emergency room treatment for psychological, physical or emotional abuse as a result of domestic violence. |     |
| g. Within the past twelve (12) months, a member of my household has been threatened with or has suffered battering or other domestic violence. |     |
| h. 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) 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.

**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.

**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.
- 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:**

**Signature of Domestic Violence Agency Advocate**

**Agency Name**

**Phone Number**

**Date (mm/dd/yyyy)**
<table>
<thead>
<tr>
<th>Service Type</th>
<th>97+ Monthly Hours</th>
<th>61-96 Monthly Hours</th>
<th>25-60 Monthly Hours</th>
<th>1-24 Monthly Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/Toddler Care</td>
<td>$1,395</td>
<td>$1,243</td>
<td>$777</td>
<td>$311</td>
</tr>
<tr>
<td>NAEYC Accredited* or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NECPA Accredited</td>
<td>$710</td>
<td>$632</td>
<td>$395</td>
<td>$158</td>
</tr>
<tr>
<td>Licensed Center-Based** or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Child Care Home</td>
<td>$675</td>
<td>$601</td>
<td>$376</td>
<td>$150</td>
</tr>
<tr>
<td>Licensed Family Child Care Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Toddler Care</td>
<td>$650</td>
<td>$579</td>
<td>$362</td>
<td>$145</td>
</tr>
<tr>
<td>Licensed Family Child Care Home</td>
<td>$600</td>
<td>$534</td>
<td>$334</td>
<td>$134</td>
</tr>
<tr>
<td>License-Exempt Relative And Non-Relative</td>
<td>$400</td>
<td>$356</td>
<td>$223</td>
<td>$89</td>
</tr>
</tbody>
</table>

**CHILD CARE RATE TABLE**
<table>
<thead>
<tr>
<th></th>
<th>97+ Monthly Hours</th>
<th>61-96 Monthly Hours</th>
<th>25-60 Monthly Hours</th>
<th>1-24 Monthly Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Relative, and</td>
<td>$350</td>
<td>$312</td>
<td>$195</td>
<td>$78</td>
</tr>
<tr>
<td>Group Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed</td>
<td>45+ Monthly Hours</td>
<td>30-44 Monthly Hours</td>
<td>15-29 Monthly Hours</td>
<td>1-14 Monthly Hours</td>
</tr>
<tr>
<td>Before School Care/</td>
<td>$155</td>
<td>$136</td>
<td>$90</td>
<td>$43</td>
</tr>
<tr>
<td>After School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed-Exempt</td>
<td>45+ Monthly Hours</td>
<td>30-44 Monthly Hours</td>
<td>15-29 Monthly Hours</td>
<td>1-14 Monthly Hours</td>
</tr>
<tr>
<td>Before School Care/</td>
<td>$60</td>
<td>$53</td>
<td>$35</td>
<td>$17</td>
</tr>
<tr>
<td>After School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* NAEYC refers to the National Association for the Education of Young Children. NECPA refers to the 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.

Department of Human Services
Benefit, Employment and Support Services Division
## Type of Expense

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

October 1, 2009
Child Care Gross Income Eligibility Limits and Sliding Fee Scale

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Eligibility Limit</th>
<th>0-50% FPL</th>
<th>50%-70% FPL</th>
<th>70%-100% FPL</th>
<th>100%-110% FPL</th>
<th>110%-125% FPL</th>
<th>125%-150% FPL</th>
<th>150%-160% FPL</th>
<th>160%-175% FPL</th>
<th>175%-200% FPL</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2431</td>
<td>446</td>
<td>669</td>
<td>892</td>
<td>981</td>
<td>1115</td>
<td>1338</td>
<td>1427</td>
<td>1561</td>
<td>1784</td>
<td>2431</td>
</tr>
<tr>
<td>2</td>
<td>3179</td>
<td>599</td>
<td>898</td>
<td>1197</td>
<td>1317</td>
<td>1496</td>
<td>1796</td>
<td>1915</td>
<td>2095</td>
<td>2394</td>
<td>3179</td>
</tr>
<tr>
<td>3</td>
<td>3927</td>
<td>751</td>
<td>1127</td>
<td>1502</td>
<td>1652</td>
<td>1878</td>
<td>2253</td>
<td>2403</td>
<td>2629</td>
<td>3004</td>
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</table>

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.

Department of Human Services Benefit
Employment and Support Services Division
October 1, 2009
### 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**

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Dollar Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Repair</td>
<td>$1,500</td>
</tr>
<tr>
<td>Towing Fees or Impound/Storage Fees to Release an Automobile</td>
<td>$300</td>
</tr>
<tr>
<td>Automobile Down Payment (may be used as full payment)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Automobile Inspection Fee</td>
<td>$500</td>
</tr>
<tr>
<td>Repair of Occupational Equipment (e.g. fishing boat, sewing machine, etc.)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Tools and/or Equipment</td>
<td>$1,500</td>
</tr>
<tr>
<td>Display Furniture (e.g. canvas tent and tables)</td>
<td>$500</td>
</tr>
<tr>
<td>Sample Cases</td>
<td>$1,000</td>
</tr>
<tr>
<td>Pagers</td>
<td>$100</td>
</tr>
<tr>
<td>Books and Manuals</td>
<td>$1,000</td>
</tr>
<tr>
<td>Travel Expense (to accept a job)</td>
<td>$750</td>
</tr>
<tr>
<td>Beauty and/or Cosmetic Expense</td>
<td>$500</td>
</tr>
<tr>
<td>Eyewear</td>
<td>$300</td>
</tr>
<tr>
<td>Protective Clothing (e.g. steel-toe shoes, helmet, gloves, coats, etc.)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Other Clothing (e.g. uniforms, professional apparel, etc.)</td>
<td>$750</td>
</tr>
<tr>
<td>Certificate or Licenses</td>
<td>$500</td>
</tr>
<tr>
<td>Examination and Testing Fees</td>
<td>$500</td>
</tr>
<tr>
<td>Identification (e.g. passport, State ID, etc.)</td>
<td>$150</td>
</tr>
<tr>
<td>Union Dues or Initiation Fees</td>
<td>$1,000</td>
</tr>
<tr>
<td>Medical Expenses Not Covered by Medicaid (e.g. cosmetic)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Dental Expense Not Covered by Medicaid or Dental Contract</td>
<td>$1,500</td>
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</table>

DHS 737 (06/07)