STATE OF HAWAII – DEPARTMENT OF HUMAN SERVICES
Benefit, Employment and Support Services Division

SINGLE APPLICATION FOR CHILD CARE ASSISTANCE OVERVIEW

CHILD CARE CONNECTION HAWAII (CCCH) ELIGIBILITY REQUIREMENTS

1. Child must be under age 13, or 13 through 17, and unable to care for self;
2. Child must be a US citizen or a Lawful Permanent Resident;
3. Child for whom assistance is being requested must reside with the applicant;
4. Income eligibility for the household size (see CCCH program info here);
5. Parent(s)/guardian(s) must be (select all that apply):
   - ☐ Employed or be attending school or a job training program;
   - ☐ At risk of losing employment because child care is needed;
   - ☐ Offered a job and need child care to start employment;
   - ☐ Receiving Child Protective Services (CPS);
6. Family will select the child care provider that meets the DHS requirements that best meets the needs of the family and child(ren).

Send to: CCCH - the nearest CCCH office, see here
Fax: - the nearest CCCH office, see here
Email: - the nearest CCCH office, see here

PRESCHOOL OPEN DOORS (POD) ELIGIBILITY REQUIREMENTS

1. Eligible child would participate in POD service for up to one year before the child will be attending kindergarten (in following school year);
2. Child for whom assistance is being requested must reside with the applicant;
3. Income eligibility for the household size (see POD (program info here); and
4. Family will select a group child care facility (i.e. preschool) for child to attend.
5. Priority for POD services: If your child has special needs, has environmental factors, is homeless, or has limited English-proficiency, a Special Populations Priority Referral Form (DHS 913A) must be completed. Your child will not be considered for a Special Populations Priority without a completed Special Populations Priority Referral Form (DHS 913A).

POD applications are only accepted during DHS established application periods. POD applications received outside of an established application period *will be denied*.

Send to: POD - 560 N. Nimitz Hwy, #218, Honolulu, HI 96817
Fax: (808) 694-3066
Email: PODAdmin@patch-hi.org

DOCUMENTATION REQUIRED FOR THE APPLICATION FOR CHILD CARE ASSISTANCE

For parents/guardians:
- Copies of court decrees, custody agreements, legal guardianship
- Income verification, pay stubs, self-employment documents (G-45 tax form, General Excise tax license, income & business expenses)

Additional Requirements for the CCCH program only:
Employment verification or school registration which shows credits/hours enrolled or job training program enrollment.
If applicable: Child Welfare Services (CWS) court-ordered Family Service Plan or the Foster Custody Placement Agreement DHS 1508 form.

For children:
- Copies of birth certificates for all children; court decree or custodial documentation

Additional Requirements for the CCCH program only:
If not born in the US: US passport, Certificate of Naturalization, Certificate of Citizenship or permanent resident card (“Green Card”);
If applicable: written verification from a state-licensed physician or psychologist if child is age 13 through 17 and unable to care for self.

For all:
*The provision of a social security number and copies of the social security card for all household members listed on the application is strictly voluntary. Failure to provide this information will not affect the application process or the amount of benefits you will receive. The use of social security numbers will be for agency use only as an internal identifier.

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SINGLE APPLICATION FOR CHILD CARE ASSISTANCE

I have read and understand the requirements for the Child Care Connection Hawaii (CCCH) program and the Preschool Open Doors (POD) program. I am submitting my application for: (please select)

☐ **Child Care Connection Hawaii program** ☐ **Preschool Open Doors program**
☐ **BOTH Child Care Connection Hawaii and Preschool Open Doors**

PLEASE PRINT
List all family members now living in your home. Please attach a separate sheet if more space is needed.

NAME: Last First M.I.	*Social Security No. (Optional)	Birth Date (mm/dd/yy)	Race	Sex (M/F)	Marital Status	Active Duty, if yes, check one below
Applicant					___Married ___Divorced ___Separated ___Single	☐ Active Duty ☐ Reserve/ National Guard
Co-applicant					___Married ___Divorced ___Separated ___Single	☐ Active Duty ☐ Reserve/ National Guard

Residence Address		Home Phone: Cell Phone:	☐ Check this box if your family is homeless or does not have a fixed, regular, and adequate nighttime residence.
Mailing Address (if different)		Work Phone: Applicant	
Primary Language Spoken at Home	Interpreter Services Needed? Yes ☐ No ☐	Work Phone: Co-Applicant	

Name(s) of Child(ren)	*Social Security No. (Optional)	Birth Date (mm/dd/yy)	Race	Sex (M/F)	Special Needs	Child Care Requested
Child ^					Yes No	Yes No
Child ^					Yes No	Yes No
Child ^					Yes No	Yes No
Child ^					Yes No	Yes No
Child ^					Yes No	Yes No

^ *For POD only*, to be considered for priority services if applicable, complete the Special Populations Priority Referral Form (DHS 913A) if your POD child has special needs, has environmental factors, is homeless, or has limited English-proficiency.

Applicant(s) Employment/School	Employer or School Address/Phone	Start Time (AM or PM)	End Time (AM or PM)
Applicant			
Co-applicant			

Reason for Child Care (select)	☐ No parental activity (POD only)	☐ Employed	☐ Offered a job
	☐ Attending school/job training	☐ Receiving CPS services	☐ At risk of losing job

Type of Monthly Income **(ATTACH COPY OF INCOME INDICATED)**	Gross Amount	Frequency received
Employment Earnings (including Self-Employment) from all earnings and applicants. If Self-Employed, contact the CCCH or POD program for forms needed to submit	$	☐ Weekly (once per week) ☐ Bi Weekly (every other week) ☐ Semi Monthly (twice a month) ☐ Monthly (one time per month)
Unemployment Insurance Benefits (UIB)	$	☐ Monthly (one time per month) ☐ Other (explain how often)
Worker's Compensation / Temporary Disability Insurance (TDI)	$	☐ Weekly (once per week) ☐ Bi Weekly (every other week) ☐ Semi Monthly (twice a month) ☐ Monthly (one time per month)
Child Support / Alimony	$	☐ Weekly (once per week) ☐ Bi Weekly (every other week)
Adoption Assistance Payments	$	☐ Monthly (one time per month)
Military Allotment	$	☐ Semi Monthly (twice a month) ☐ Monthly (one time per month)
Supplemental Security Income (SSI) / Retirement, Survivors & Disability Insurance (RSDI)	$	☐ Monthly (one time per month) ☐ Other (explain how often)
Pension	$	☐ Monthly (one time per month) ☐ Other (explain how often)
Other Income (Specify)	$	☐ Monthly (one time per month) ☐ Other (explain how often)
TOTAL MONTHLY INCOME (sum of monthly total of all sources of income)	$	

Assets (Total assets in Applicant and/or Co-applicant's names, including ownership or partial ownership of property located in Hawaii and elsewhere, business or corporations, vehicles, jewelry, etc., but excluding any equity value in the home which is the usual residence of the household and excluding any equity for one vehicle.)	
TOTAL ASSETS VALUE EXCEEDS $1 million (U.S. dollars)	☐ Yes ☐ No

STATEMENT OF APPLICANT

- I hereby certify that all the information contained on this form is true and correct to the best of my knowledge. I submit this application with the understanding that I will give any additional information which may be needed and will allow the Department to verify my statements either with me or through other sources as necessary.
- I fully understand that the following changes are mandatory to be reported within 10 days of occurrence: gross income exceeds limit for family size, change in residence or mailing address, household members leave or are added to the family, change in marital status, change in child care provider, child care cost, care type or no longer need child care, CPS/CWS case closes, or for the CCCH program only a loss of employment, job training or stops attending school. Furthermore, I understand that if I fail to report changes and receive assistance to which I am not entitled, the amount of overpayment will be collected from me, and I may be prosecuted for fraud.
- I understand that I must report lost or stolen Electronic Benefits Transfer (EBT) cards immediately, or a misdispensement occurrence, by calling the EBT toll-free customer service telephone number. There will be no replacement of any benefits accessed with an EBT card prior to the report of the lost or stolen card or the report of the misdispensement occurrence.
- I am responsible to report immediately any changes in the status of my alternate payee. I understand there will be no replacement of any benefits accessed by alternate payees or any other individuals using an EBT card and a valid PIN.
- I understand that child care payments are included in DHS "cash assistance household" accounts, and that child care benefits not withdrawn from my EBT account within ninety (90) days will be returned to the State. I understand that child care benefits that are returned to the State may be used to offset any outstanding overpayments owed by my household. (HAR §§17-798.2-20, 17-799-21, 17-681-51, 17-681-52, and 17-681-56.)
- I understand that I have a right to request a case record review and administrative appeal if I do not agree with the Department's decision on my application for child care assistance.

Signatures are required:

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____