

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
STATE PLAN**

October 2020

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

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GOVERNOR

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Part A- Program Goals, Administration, and Implementation

1.0 GOALS AND OBJECTIVES

Hawaii's Temporary Assistance for Needy Families (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; and
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 TANF program in Hawaii in accordance with Title IV-A of the Social Security Act as amended by the PRWORA and the Deficit Reduction Act of 2005

(DRA). 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, TANF Program, 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 offices: the Financial Assistance Program Office which is responsible for the administration of cash benefits, and the Employment and Training Program Office, 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 forty-six (46) local processing centers located statewide; the processing centers determine eligibility and provide case management services for TANF, SNAP, General Assistance (GA), and Aid to the Aged, Blind and Disabled (AABD).

TANF employment and training services are conducted by case managers at twenty-two (22) employment and training office sites (also known as First-to-Work) located statewide. Ten (10) 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-1 for an organizational chart of DHS.

5.0 PROGRAM AND FISCAL INTEGRITY

5.1 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.

5.2 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.

5.3 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 electronic benefit transfer or 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

6.1 Confidentiality

The rules regarding the use and disclosure of information about individuals and families receiving assistance are consistent with the rules that guided the program under Title IV-A of the Social Security Act 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.

6.2 Hearing and Appeals Process

Hawaii provides a timely and adequate notice to the recipient that is mailed at least ten (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.

6.3 Limited English Proficiency

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

7.0 PROGRAM DEVELOPMENT AND POLICY

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 forty-five (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 Section 1115 waiver demonstration 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

9.1 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.

9.2 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 October 1, 2005. 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 eighteen (18) and sixty-five (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, 2004. A public hearing was held on December 14, 2004. 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.

9.3 Subsidized Employment

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

SEE 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 (6) months.

9.4 Income Disregards

On January 13, 2010, rules were finalized to increase the earned income disregard to recipients from 36% to 55% from month one (1) through month twenty-four (24). 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

10.0 APPLICATION AND ELIGIBILITY DETERMINATION

10.1 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 forty-five (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.

10.2 Redeterminations

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

- A. Complete a redetermination form prescribed by the department;
- B. Provide information supported by documents to establish eligibility;
- C. Be determined to be in need according to the department's appropriate standard of assistance; and
- D. Meet the categorical and eligibility requirements of the TANF program.

In addition, six (6) 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.

11.0 ASSISTANCE UNIT

11.1 Definition of Eligible Family

11.1.1 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.

11.1.2 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:

- A. A natural, adoptive or hānai parent, except as noted below; and
- B. A blood-related or adoptive brother or sister, except as noted below.

11.1.3 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:

- A. The parental relationship shall not be recognized for the purpose of determining the TANF household composition, even if the natural, adoptive or hānai (i.e. formal and informal adoption) parent is living in the same household; and
- B. 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.

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

- A. The natural or hānai parent relationship shall not be recognized for the purpose of determining the TANF household composition; and
- B. 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.

11.2 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:

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

11.3 Minor Child

Hawaii defines a minor child as a needy child under age eighteen (18), or under age nineteen (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 eighteen (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.

11.4 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:

- A. Father, mother, brother, sister, half-brother, half-sister, uncle, aunt, uncle half-blood, aunt half-blood, great uncle, great aunt, great uncle half-blood, great aunt half-blood, grandfather, grandmother, great grandfather, great grandmother, first cousin, first cousin once removed, nephew or niece, great-great grandfather, great-great grandmother, great-great-great grandfather, great-great-great grandmother, great-great uncle, great-great aunt, great-great uncle half-blood, great-great aunt half-blood;
- B. Stepfather, stepmother, stepbrother, and stepsister;
- C. The adoptive parents of a legally adopted child as well as other natural or legally adopted children and relative of the adoptive parents;
- D. 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

- E. The legally married spouse of any of the persons specified above, even after the marriage has ended in death or divorce.

11.5 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 two 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.

12.0 **ELIGIBILITY, INCOME, AND RESOURCES**

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. The gross income standard is 185% of the standard of need (SON). Effective July 1, 2007, the SON is set at one hundred percent (100%) of Hawaii's 2006 FPL in accordance with section 346-53, Hawaii Revised Statutes (HRS). 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.

12.1 Income Tests

12.1.1 Gross Income Test.

A household's countable gross income is determined based on all actual unearned and earned income, unless excluded by rule or regulation. In accordance with section 17-676.54.1, Hawaii Administrative Rules, a household's total monthly gross income may not exceed one hundred eighty-five percent (185%) of Hawaii's 2006 Federal Poverty Level (FPL) for the applicable household size.

12.1.2 Net Income Test.

If a household meets the gross income limit, then applicable deductions are applied which include 1) a Standard Deduction of 20%; 2) a Flat Rate Deduction of \$200; 3) a Variable Rate Deduction of 36% for households; and 4) deduction for Dependent Care Expense, when applicable. After the deductions, the household's net income is compared to the SON.

Gross Income	
<u>Minus 20%</u>	Standard Deduction
1 st Remainder	
<u>Minus \$200</u>	Flat Rate Deduction
2 nd Remainder	
<u>Minus 36% or 55%</u>	Variable Rate Deduction
3 rd Remainder	
Minus \$175	Actual cost of caring a disabled adult in the same household up to \$175, if applicant is full- time employed
or	
Minus \$165	Actual cost of caring a disabled adult in the same household up to \$165, if applicant is part-time employed
<u>4th Remainder</u>	Net income compared to the SON

12.2 Earned Income Disregard

For households who have not received no more than twenty-four (24) months of TANF benefits and are employed, are eligible for an Earned Income Disregard (EIDR) at fifty-five percent (55%) prior to determining the amount of assistance. Employed families who received more than twenty-four (24) months of TANF benefits are not eligible to receive the higher earned income disregard; therefore, the Variable Rate Deduction of 36% will be applied instead. Calculation is as follows:

Gross Income	
<u>Minus 20%</u>	Standard Deduction
1 st Remainder	
<u>Minus \$200</u>	Flat Rate Deduction
2 nd Remainder	
<u>Minus 55%</u>	Earned Income Disregard (0 – 24 TANF months)
3 rd Remainder	

Minus \$175	Actual cost of caring a disabled adult in the same household up to \$175, if applicant is full-time employed, or \$165 if part-time employed
or	
Minus \$165	
<hr/>	
4 th Remainder	Adjusted Net Income

12.3 Amount of Assistance

The SOA, also known as the monthly assistance allowance, is determined for households that pass the Gross Income and Net Income Tests. The SOA is set at forty-eight percent (48%) of the SON. The assistance amount is calculated as follows:

$$\begin{array}{l} \text{SOA for applicable household size} \\ \text{Minus Net Income or Adjusted Net Income if eligible for 55\% EIDR} \\ \hline \text{Remainder} = \text{amount of assistance for household} \end{array}$$

If the household's net income exceeds the SOA then the family is not eligible for assistance.

12.4 Deemed Income

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 or Intentional Program Violation 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.

12.4.1 Deemed Income of Disqualified individuals

Any countable unearned and earned income of an individual who is disqualified from receiving assistance for failure to furnish a Social Security Number or due to Intentional Program Violation, is deemed available to the household provided the other household members may be claimed by the individual as dependents for federal income tax purposes. Income tests described in subsection 12.1 are applied to determine eligibility, however, the disqualified individual is excluded from the household size when the amount of assistance is determined in accordance with subsections 12.2 and 12.3.

12.4.2 Stepparent or parent of a minor parent:

- A. Obtain the monthly total earned and unearned income of the stepparent;
- B. From the stepparent's monthly gross earned income, deduct a standard deduction of 20%;

- C. 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;
- D. 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);
- E. From the remainder, subtract all payments made by the stepparent for alimony and child support for persons not living in the household; and
- F. All the remaining income shall be considered available to meet the needs of the individuals receiving financial assistance.

12.5 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.

12.6 Residency

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

12.7 Felony Substance Abuse

The 1997 Hawaii Legislature passed Act 128 which specified that Section 1 15(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.

12.8 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.

12.9 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.

13.0 BENEFIT LEVELS

13.1 Benefit Standards

Effective July 1, 2009:

HH SIZE	1 SON	2 SOA	3 SOA	HH SIZE	1 SON	2 SOA	3 SOA	HH SIZE	1 SON	2 SOA	3 SOA
1	939	450	350	6	2,568	1,232	986	11	4,197	2,014	1,611
2	1,265	607	485	7	2,894	1,389	1,111	12	4,523	2,171	1,736
3	1,590	763	610	8	3,220	1,545	1,236	13	4,849	2,327	1,862
4	1,916	919	735	9	3,545	1,701	1,361	14	5,175	2,484	1,987
5	2,242	1,076	860	10	3,871	1,858	1,486	15	5,500	2,640	2,112
								15+	+326		

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.

13.2 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. Imprest checks are issued only when the applicant faces an emergency and meets the emergency criteria.

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

13.3 Access to Benefits

Hawaii issues an 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 (2) 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.

14.0 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 sixty (60) months are given extensions due to hardship based on twenty (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.

15.0 COMPLIANCE AND SPECIAL PROVISIONS

15.1 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.

15.2 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.

15.3 Participation Requirements for Other Work Eligible Individuals with a Disability

An individual who the department has determined disabled due to a physical or mental impairment, including substance abuse, must engage in treatment services and vocational rehabilitation activities which may reasonably be expected to lead to employment.

15.4 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:

- A. For the first such failure to comply, until the failure to comply ceases;
- B. For the second such failure to comply, two (2) months; and
- C. 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.

15.5 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:

- A. For the first (1st) sanction, the household is ineligible for TANF until the household reapplies for benefits;
- B. 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
- C. 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.

15.6 Good Cause Provisions

Good cause exists under the following circumstances:

- A. Child care for a child under six (6) years of age is necessary for the individual to participate or continue participation in the program or accept employment, and such care is unavailable;
- B. 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:
 - 1) 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;
 - 2) 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;
 - 3) The necessary work-related expenses shall be deducted from the family's total projected gross income;
 - 4) 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
 - 5) 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.
- C. 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:

- 1) Illness of the individual which is verified by a medical statement from a licensed physician or psychologist;
- 2) 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;
- 3) 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;
- 4) Unsafe or unfair employment situations or inappropriate assignments that the department determines would not lead to full-employment or self-sufficiency;
- 5) 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;
- 6) There is a breakdown in transportation arrangements with no ready access to alternate transportation;
- 7) 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
- 8) The individual's failure was the result of being a victim of domestic violence.

15.7 Mandatory School Attendance

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

15.8 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 twenty (20) and younger than fifty-one (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.

15.9 Domestic Violence (DV) 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.

15.9.1 DV 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:

- A. A definition of domestic violence, including examples of acts and circumstances which may constitute domestic violence;
- B. An explanation of the availability of domestic violence status and the requirements of such a status;
- C. An explanation of the procedures for applying for domestic violence status; and
- D. An explanation of procedures for appealing the denial of domestic violence status.

15.9.2 DV Assessment

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

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

15.9.3 DV Status

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 (1) or more of the following actions as protection or as a result of the domestic violence inflicted by the alleged perpetrator:

- A. Has a current court order protecting the individual or other household members from the alleged perpetrator;
- B. Is a party to a pending divorce or custody action which involves issues of current or past domestic violence;
- C. Within the past twelve (12) months, has stayed in a domestic abuse shelter;
- D. Within the past twelve (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;
- E. Within the past twelve (12) months, has experienced an incident of domestic violence which resulted in the arrest, arraignment or conviction of the alleged perpetrator of the violence;
- F. Within the past twelve (12) months, has been in inpatient or outpatient treatment for psychological, physical or emotional abuse resulting from domestic violence;
- G. Within the past twelve (12) months, has been hospitalized, been in community placement or received emergency room treatment for medical or psychological injuries resulting from domestic violence; or
- H. Within the past twelve (12) months, has been subject to threats of death or grievous bodily injury to self or family and loved ones by the alleged perpetrator.

15.9.4 DV Advocacy Services

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:

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

15.10 Child Support Enforcement Agency

When a biological or adoptive parent is absent, the family is required to comply, as a condition of eligibility, with the following requirements by cooperating with the Child Support Enforcement Agency (CSEA):

- A. Identify the absent parent(s) of any child(ren) for which assistance is being applied for and provide information to locate the absent parent(s);
- B. Establish paternity if the child(ren) were born out of wedlock;
- C. Help to establish and obtain child support and medical coverage for the child(ren) who are receiving assistance, including past due child support;
- D. Determine rights to future Social Security, veteran's or other government benefits; and
- E. Reimburse the State any money given directly by the absent parent while the family receives financial assistance benefits.

Applicants and recipients are notified of the child support requirements during their initial and annual renewal eligibility interview and are provided with a copy of form DHS 1247, "Notice of Requirement to Cooperate with Child Support Enforcement Agency and Right to Claim Good Cause".

An applicant or recipient is provided the opportunity to claim good cause if they believe cooperating with CSEA would not be the best interest of their family. The applicant or recipient will be required to provide evidence to support their good cause claim.

If an applicant or recipient refuses to cooperate without good cause, the family will be determined ineligible for financial assistance benefits.

16.0 NON-WORK ELIGIBLE HOUSEHOLD

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

- A. There is no parent or adult recipient in the household;
- B. A recipient of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI);
- C. A single parent is caring for a child under six (6) months of age; or
- D. 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.

17.0 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 thirty (30) working days of the filing for an appeal and a decision must be issued within sixty (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 twenty (20) working days of receiving an unfavorable ruling from the department's administrative appeal decision.

Part C- Employment and Training

18.0 SCREENINGS, ASSESSMENTS AND SUPPORT SERVICES PLAN

18.1 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.

18.2 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.

19.0 FIRST-TO-WORK AND SEE

19.1 First-To-Work Program

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.

19.2 Supporting Employment Empowerment 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.

19.3 Post-Secondary Education (PSec)

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 twenty (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 thirty (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 Section 1115 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.

20.0 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 thirty (30) hours per week.

21.0 WORK PARTICIPATION REQUIREMENTS

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

22.0 WORK ACTIVITIES

22.1 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.

22.2 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.

22.3 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.

22.4 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.

22.5 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.

22.6 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 P1 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 health care industry to enroll in these programs and assists participants to obtain employment after graduation or program completion.

22.7 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.

22.8 Job Skills Training Directly Related to Employment:

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

22.9 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

22.10 Satisfactory Attendance at Secondary School or Course of Study Leading to General Educational Development (GED) if the Recipient Has Not Finished Secondary School:

A custodial parent under twenty (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.

22.11 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.

22.12 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.

22.13 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.

22.14 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.

22.15 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.

22.16 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

23.0 WORK SUPPORTS

23.1 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 Attachment C-1.

23.2 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.

23.3 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.

24.0 STRENGTHENING FAMILIES / SUPPORT SERVICES FOR TANF

24.1 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.

24.2 Family Preservation Services

Hawaii encourages and supports the formation and maintenance of two-parent families. The following are brief descriptions of services and programs provided under TANF purpose 4 and are in effect January 1, 2019.

- A. The Susannah Wesley Community Center offers home-based parenting and family counseling services for families residing in the Kalihi area on Oahu.
- B. The Salvation Army – Family Treatment Services, offer home-based parenting and family counseling for graduates of substance abuse treatment and their families.
- C. 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.
- D. 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.
- E. 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.

24.3 Non-Custodial Parent Program

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

24.4 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 ten (10) to eighteen (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.

24.5 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 fifteen (15) and nineteen (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.

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. 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.

- F. 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.
- G. 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.
- H. 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.

24.6 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 abstention 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 fifty-six (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 & Interm (Hawaii)
9. Iao Intermediate (Maui)
10. Ilima Intermediate (Oahu)
11. Jarrett Middle
12. Kalakaua Middle (Oahu)
13. Kamakahalei Middle (Kauai)
14. Ka'u High & Pahala Elem (Hawaii)
15. Kawanakoa Middle (Oahu)
16. Keaau Middle (Hawaii)
17. Kealakehe Middle (Hawaii)
18. King Intermediate (Oahu)
19. Kohala Middle (Hawaii)
20. Maui Waena Intermediate (Maui)
21. Molokai Middle (Molokai)
22. Nanakuli High & Interm (Oahu)
23. Pahoa High & Interm (Hawaii)
24. Wahiawa Middle (Oahu)
25. Waiakea Intermediate (Hawaii)
26. Waialua Intermediate (Oahu)
27. Waianae High & Interm (Oahu)
28. Waimanalo Elem & Interm (Oahu)
29. Waipahu Intermediate (Oahu)
30. Washington Middle (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:

- A. Develop a timeline and inventory of existing after-school programs at middle and intermediate schools;
- B. Collect data regarding current levels of costs, funding sources, and student participation of existing after-school programs at middle and intermediate schools;
- C. Provide recommendations on improving the availability, quality, and coordination of after-school programs at middle and intermediate schools;
- D. Provide recommendations on how collaboration can be promoted between agencies and stakeholders providing after-school care in Hawaii; and
- E. 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.

24.7 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.

24.8 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.

24.9 Non-Cash Assistance Program (TANF Outreach Program)

Since October 1, 2010, the State conducts outreach services to inform the 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.

25.0 TRANSITION BENEFITS AND SERVICES

25.1 Post Sixty (60) Month TANF Benefits and Services

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

- A. Supplemental Nutrition Assistance Program (SNAP);
- B. Participation with the SNAP Employment and Training Program (SNAP E&T);
- C. Child Care Subsidies assistance; and
- D. 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.

25.2 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

26.0 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 250% of the 2018 federal poverty limit.

- 26.1 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)
- 26.2 TANF Assistance: monthly TANF assistance benefits, including child care and transportation costs, provided to income eligible TANF program participants. (State Basic MOE)
- 26.3 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)
- 26.4 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)
- 26.5 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 Children Together, YWCA of Oahu, Ka Hale A Ke Ola Homeless Resources Centers, Inc., and Goodwill Industries of Hawaii. (State TANF MOE, SSP-MOE, and 3rd Party MOE)
- 26.6 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)
- 26.7 Barrier-Removal Case Management: services and activities provided to eligible participants by the DHS Social Services Division and Goodwill Industries of Hawaii to address and resolve barriers to successful work engagement such as alcohol and substance abuse disorder, and/or temporary physical or psychiatric disability. (State TANF MOE and SSP-MOE)

- 26.8 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)
- 26.9 TAONF Program: provides assistance, support services, work/education/training services, childcare, 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. (State TANF MOE)
- 26.10 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)
- 26.11 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)
- 26.12 Non-recurring 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)
- 26.13 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)
- 26.14 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)
- 26.15 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)

- 26.16 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)
- 26.17 Home Visiting Program: Home-based parenting and family counseling provided by the Susannah Wesley Community Center. (3rd Party MOE)

Part F- Historical

27.0 HISTORICAL

- 27.1 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 forty-five (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.

- 27.2 Hawaii's project called, "Pursuit of New Opportunities (PONO) Program", was approved on August 16, 1996 as a Section 1115 waiver demonstration. The PONO Program was an eight (8) year project, effective from December 1, to September 30, 2004. The PONO Program initiated the State's reform, mirroring the federal welfare reform policies.

The PONO Program encouraged and supported the formation and maintenance of two-parent families. One of the primary hypotheses of the PONO demonstration project was that families need two incomes to survive in our economy. Hawaii, therefore, ran parallel programs for one and two-parent families. There were no penalties for households that included two (2) adults. Compliance with the Child Support Enforcement Agency (CSEA) was a condition of eligibility. Families who failed to comply, without good cause, were ineligible for financial assistance until they complied. Additionally, the department had discussions with CSEA regarding Welfare-to-Work eligibility for absent parents and financial incentives to encourage participation.

Part G – Certifications

28.0 CERTIFICATION AUTHORITY

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.

29.0 CERTIFICATION THAT THE STATE WILL OPERATE A CHILD SUPPORT ENFORCEMENT PROGRAM

The State will operate a child support enforcement program.

30.0 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.

31.0 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 forty-five (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.

32.0 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.

33.0 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.

34.0 PUBLIC AVAILABILITY OF STATE PLAN SUMMARY

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

35.0 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:

[SEE INITIAL CERTIFICATION ATTACHED]

DAVID Y. IGE

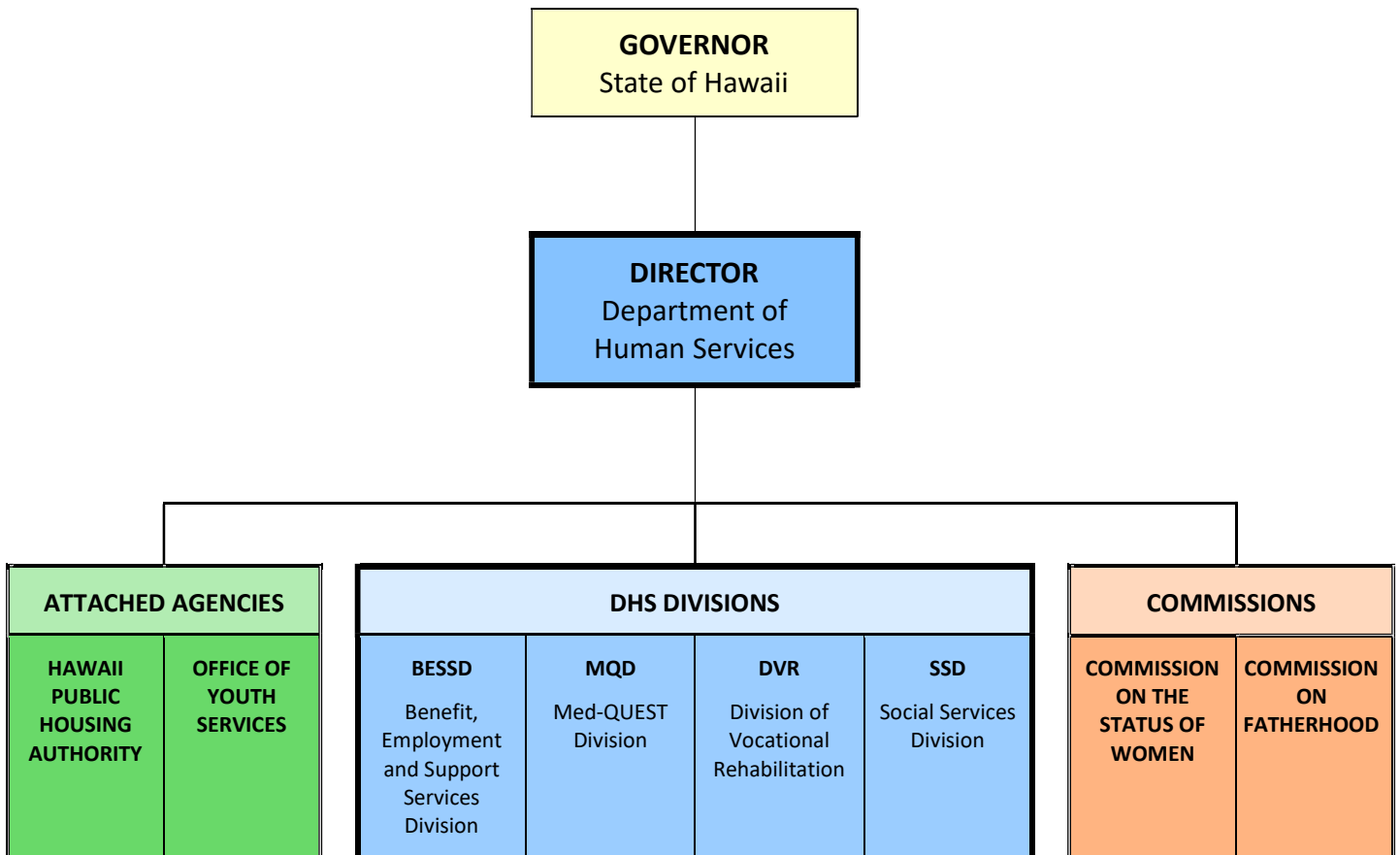
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Part H- Attachments

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

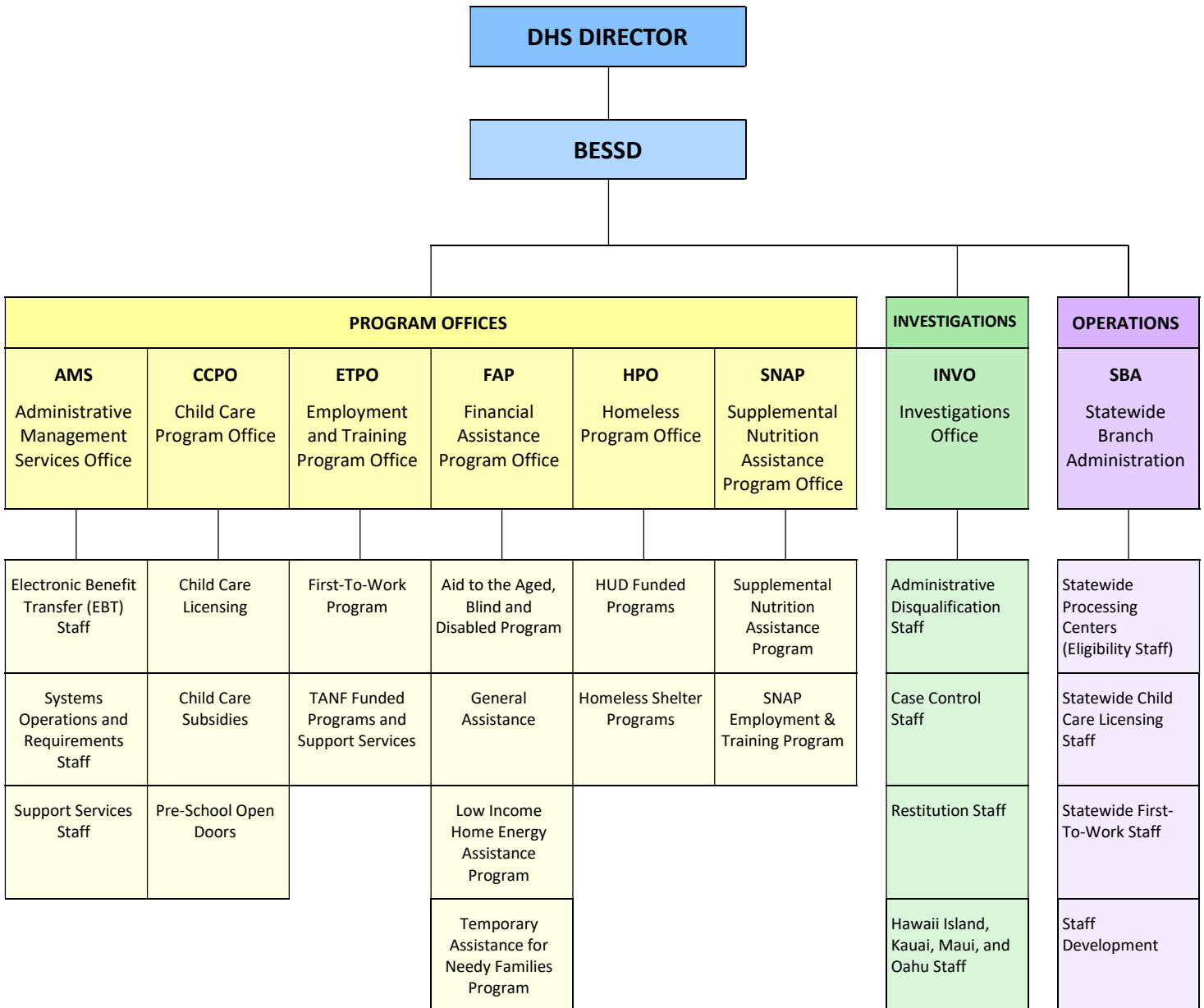
STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Organizational Chart



DEPARTMENT OF HUMAN SERVICES BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION

Organizational Chart



Official revised 01/15

STATE OF HAWAII
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
and 11 of the form.

Supplemental Nutrition Assistance Program (SNAP) only
(formerly the Food Stamp Program)

Signatures required on page 1, 3
and 11 of the form.

Financial and SNAP

Signatures required on page 1, 3
and 11 of the form.

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/>

Official revised 01/15

DHS - Benefit, Employment and Support Services Division (BESSD)

Financial Assistance / SNAP Application

Bilingual and Sign Interpreter Services

<p>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.</p>	<p>English</p> 
<p>BESSD 提供免費的雙語和手語翻譯。如果你需要口譯員，請致電 1-888-764-7586 然後按 1，這是一個免費的電話號碼。您也可以在你附近的 BESSD 辦公室尋求協助。</p>	<p>Cantonese</p> 
<p>BESSD epwe awora choon chiaku non kkapas me pwomw ese kamo. Ika kopwe nounow choon chiaku, kokkori 1-888-764-7586 mwurin ka tikki na nampa 7, lei el nampa ese kkamo (toll-free). En mei pwan tongeni angei ekkoch aninnis ren omw pwusin chuuno non ofesin BESSD.</p>	<p>Chuukese</p> 
<p>BESSD fournit gratuitement des interprètes bilingues et des interprètes de langue des signes. Si vous avez besoin d'un interprète s'il vous plaît téléphonez au 1-888-764-7586 et appuyez sur 7. Ceci est un numéro de téléphone gratuit. Vous pouvez également obtenir de l'aide en personne au bureau de BESSD près de chez vous.</p>	<p>French</p> 
<p>BESSD bietet kostenlose zweisprachige und Gebärdendolmetscher. Wenn Sie einen Dolmetscher benötigen, rufen Sie bitte 1-888-764-7586 und 7 drücken. Dies ist eine gebührenfreie Telefonnummer. Sie können auch helfen in Person an der BESSD Büro in Ihrer Nähe.</p>	<p>German</p> 
<p>Ho'olako 'o BESSD i ka mahele 'olelo a me ka 'olelo kuhi lima manuahi. 'Ina pono e loa'a ka mahele 'olelo ia 'oe, e 'olu'olu e kelepona i 1-888-764-7586 a e kaomi i ka helu 7. He helu kelepona kaki 'ole keia. E hiki pu ia 'oe ke kokua 'ia 'Ina hele kino 'oe i ke ke'ena BESSD kokoke ia 'oe.</p>	<p>Hawaiian</p> 
<p>Iti BESSD ket mangipaay ti libre nga bilingual ken sign language nga intepreter. No kasapulan yo iti intepreter pangngaasi ta awagan yo iti 1-888-764-7586 ken italmeg yo ti 2. Daytoy ket toll-free a numero. Mabalin yo pay ti dumawat iti tulong a personal ti asiddeg nga opisina iti BESSD.</p>	<p>Ilocano</p> 
<p>BESSDでは二ヶ国語併用と手話の通訳を無料で提供します。もしあなたに通訳が必要な場合は、1-888-764-7586に電話をかけ、そして7の番号を押して下さい。こちらは料金無料の電話番号です。あなたの最寄りのBESSDのオフィスでも、ご自身が援助を受ける事も可能です。</p>	<p>Japanese</p> 
<p>BESSD 는 무료통역과 사인언어 통역을 제공 합니다. 통역이 필요하면 1-888-764-7586 로 전화해서 3 을 누르십시오. 이전화는 무료로 사용하는 전화번호 입니다. 당신은 BESSD 당신이 사는 근처 메드 웨스트 사무실에서 직접 도움을 받을 수 있습니다.</p>	<p>Korean</p> 
<p>BESSD 提供免費的雙語和手語翻譯。如果你需要口譯員，請致電 1-888-764-7586 然後按 1。這是一個免費的電話號碼。您也可以在你附近的 BESSD 辦公室尋求協助。</p>	<p>Mandarin</p> 
<p>BESSD ej bar lewoj jiban ikejen kajin ko kab sign language ko. Ne koj aikuij jiban kin ikejein okok non kajin eo am juoij im call 1-888-764-7586 im jibed 5 telephone nombra in ej toll-free telephone number. Komaron bar einwot ebok jiban ilo BESSD office ko me rebaak yuk.</p>	<p>Marshallese</p> 
<p>E saunia e le ofisa o le BESSD ni tagata e mafai ona fesoasoani ia te oe i le gagana Samoa, e aunoa ma se togoti. Afai e te mana'omiaina lea fesoasoani, fa'amolemole vala'au i le numera 1-888-764-7586, o le numera 7 i luga o lau telefoni. O lenei telefoni e le tau togotiina e oe, e te vili fua. E maua fo'i nisi 'au'aunaga pe afai e te sūsū atu i so'o se ofisa o le BESSD o</p>	<p>Samoan</p> 
<p>El BESSD proporciona sin costo intérpretes bilingües y de idioma de señal. Si usted necesita a un intérprete, por favor llame 1-888-764-7586 y apriete 7. Éste es un número del teléfono de peaje gratis. Usted también puede conseguir personalmente ayuda en la oficina de BESSD cerca de usted.</p>	<p>Spanish</p> 
<p>Ang BESSD ay nagbibigay ng libreng bilingual at sign language na tagapagsalin ng wika. Kung kailangan ninyo ng tagapagsalin pakiusap na tawagan ang 1-888-764-7586 at pindutin ang 7. Pwede rin kayong pumunta ng personal sa opisina ng BESSD na malapit sa inyo. Tignan ang pahina 2 para sa opisina na pinakamalapit sa inyo.</p>	<p>Tagalog</p> 
<p>'Oku malava 'ehe polokalama BESSD 'o 'oatu ha tokotaha fakatonulea fk-Tonga pe talanoa nima, ta'etotongi. Kapau 'oku ke fiema'u ha tokoni fakatonulea, kataki 'o telefoni ki he fika 1-888-764-7586 pea ka lomi e 7. 'Oku ta'etotongi 'ae ta ki he fika telefoni ko 'eni. 'Oku toe malava pe keke ma'u tokoni hangatonu mei ha 'ofisi 'oe polokalama BESSD 'oku ke nofo ofi ai.</p>	<p>Tongan</p> 
<p>BESSD phục vụ thông dịch viên song ngữ và ngôn ngữ ký hiệu miễn phí. Nếu bạn cần người thông dịch viên xin làm ơn gọi 1-888-764-7586 và bấm 4. Đây là số điện thoại miễn phí. Để bạn đồng thời có thể nhận sự giúp đỡ tận BESSD nơi ở văn phòng gần bạn.</p>	<p>Vietnamese Việt Nam</p> 
<p>Ang BESSD maghatag ug libre nga mga taghubad nga duha ang pinulongan ug mga taghubad sa pinasinyas nga pinulongan. Kun ikaw magkinahangian ug taghubad sa pinulongan palihug tawagi ang 1-888-764-7586 ug ipindot ang 7. Libre ang tawag nioning numero sa telepono. Mahimo usab nga personal ka nga makakuha ug tabang sa opisina sa BESSD nga duol sa inyoha.</p>	<p>Visayan</p> 

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

APPLICATION FOR FINANCIAL AND SNAP ASSISTANCE

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

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

DATE SIGNED FORM RETURNED _____

PLEASE PRINT CLEARLY

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

YOUR NAME (Last, First, MI)		YOUR SOCIAL SECURITY NO.	BIRTHDATE	PHONE NO.
SPOUSE'S NAME (Last, First, MI)		SPOUSE'S SOCIAL SECURITY NO.	SPOUSE'S BIRTHDATE	MESSAGE PHONE NO.
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRECTIONS TO YOUR HOME)		APARTMENT NO.	CITY & STATE	ZIP CODE
YOUR MAILING ADDRESS (IF DIFFERENT FROM ABOVE NUMBER AND STREET)		APARTMENT NO.	CITY & STATE	ZIP CODE
HOW MANY PERSONS PURCHASE FOOD AND PREPARE MEALS WITH YOU? (INCLUDE YOURSELF)		HOW MANY PERSONS DO NOT PURCHASE FOOD AND PREPARE MEALS WITH YOU?		ARE THEY RELATED TO ANYONE IN YOUR HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE WHO NAME _____			WHEN IS THE BABY DUE? DATE _____
SIGNATURE OR MARK OF ADULT APPLICANT _____		SIGNATURE OR MARK OF SPOUSE OR OTHER ADULT APPLICANT (No signature is required for Money Assistance only) _____		
DATE _____		DATE _____		
WITNESS IF SIGNATURES ARE "X" _____		DATE _____		

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

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

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

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

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

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

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

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

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Read/Review below for responses to questions mark with the corresponding asterisk symbols (*).

1. HOUSEHOLD MEMBERS

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

Last Name, First, M.I.	SEX	RELATIONSHIP TO PERSON #1	BIRTHDATE	SOCIAL SECURITY NUMBER	ETHNICITY	RACE	MARRITAL STATUS	YES OR NO	HIGHEST GRADE	NAME OF CHILD'S PARENTS (IF NOT IN THE HOME)	Was child's mother married to child's father at time of birth?	
											Yes	No
1.												
OTHER NAMES USED			AGE:									
2.												
OTHER NAMES USED			AGE:									
3.												
OTHER NAMES USED			AGE:									
4.												
OTHER NAMES USED			AGE:									
5.												
OTHER NAMES USED			AGE:									
6.												
OTHER NAMES USED			AGE:									
7.												
OTHER NAMES USED			AGE:									
8.												
OTHER NAMES USED			AGE:									

2. HOUSEHOLD MEMBERS WHO DO NOT WANT HELP

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

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

3. Is anyone temporarily out of the home?

Yes No

Name	Date Left	Date to Return	Whole Person Interview

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

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

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FINANCIAL APPLICANT'S REPRESENTATIVE		
I permit the following individual to be my representative TO APPLY FOR FINANCIAL (CASH) ASSISTANCE on my behalf, as I am unable to do so myself (elderly, handicapped, foster child, etc.). Enter the name and address of applicant's representative below.		
Representative's Name (Last, First, MI.)	Representative's Address (Number, Street, Apt., City, State, Zip Code)	Phone No.

SNAP AUTHORIZED REPRESENTATIVES		
I permit the following individual to be my representative TO APPLY FOR SNAP assistance on my behalf. (Include individual's name or the licensed alcohol or drug treatment facility or group living arrangement representative.)		
Representative's Name (Last, First, MI.)	Representative's Address (Number, Street, Apt., City, State, Zip Code)	Phone No.

ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE		
I permit the following individual to HAVE ACCESS TO MY CASH ASSISTANCE. <input type="checkbox"/> Yes <input type="checkbox"/> No I permit the following individual to HAVE ACCESS TO MY SNAP BENEFITS and to purchase my food. <input type="checkbox"/> Yes <input type="checkbox"/> No This representative will be issued an EBT card and PIN (personal identification number). (Include the individual's name or the licensed alcohol or drug treatment facility or group living arrangement representative. The date of birth and social security number will be used for security purposes only.)		
Representative's Name (Last, First, MI.)	Date of Birth	Social Security Number
Representative's Address (Number, Street, Apt., City, State, Zip Code)		Phone No.

QUESTIONS 4 THROUGH 35 ARE TO BE ANSWERED FOR ONLY THOSE WHO ARE APPLYING FOR ASSISTANCE.	
4. Is anyone a disabled U.S. veteran or a disabled spouse or a child of a deceased U.S. veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name:	
5. Is anyone (including children) disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of disabled person(s): They could be eligible for Supplemental Security Income (SSI) or SSA Disability or Blindness benefits.	
6. Is anyone in the household fleeing a felony warrant for arrest; a parole/probation violator, or been convicted of a Federal or State felony for possession, use or distribution of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s):	
7. Has anyone in the household been found guilty of misrepresenting residence to obtain assistance in two or more states? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s):	
8. CITIZEN STATUS DECLARATION. One household member must certify under penalty of perjury the citizenship status of each household member. The Department of Human Services (DHS) may validate the alien status document with the Immigration and Naturalization Service (INS), the INS will furnish information only as allowed by the IRCA legislation, the INS is not allowed to institute any adverse action against you based on the DHS inquiry, and the information received from the INS may affect your eligibility or amount of benefits from our Department. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION BELOW ON EACH HOUSEHOLD MEMBER IS CORRECT.	
Signature of Adult Applicant: _____	Date: _____

(CHECK ONE)					(COMPLETE IF YOU ARE A NON-U.S. CITIZEN)						
Name	US	US Nat'l	Non-US Nat'l	Bi-nat'l	Date of Entry	Immigration Status	Effective Date of Status	INS Form or Alien Registration Number	Do you use your current status of work in US?	Whether an Active Member of IOM?	Spouse or Dep. Child of Veteran or Active Military?

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

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

Name	Address	Phone

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

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

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

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

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

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

NAME	PROGRAM	DISQUALIFICATION PERIOD	COUNTY/STATE

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

NAME	Job or Training Program	Participation Dates

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

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

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

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

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

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:

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

STUDENT INFORMATION

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

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

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

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

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EARNED INCOME						
21. Give record of all places where you have worked. (Begin with most recent job)						
<small>Name, Address, and Phone Number of Employer</small>		<small>From: (MM/YY)</small>	<small>To: (MM/YY)</small>	<small>Reason for Leaving</small>	<small>Disability Last Paid</small>	
Applicant:						
1.						
2.						
3.						
Spouse:						
1.						
2.						
3.						
22. Is anyone working? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and bring verification to the interview.						
PERSON EMPLOYED				JOB TITLE		
EMPLOYER				DATE STARTED		
ADDRESS				PHONE		
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
PERSON EMPLOYED				JOB TITLE		
EMPLOYER				DATE STARTED		
ADDRESS				PHONE		
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
PERSON EMPLOYED				JOB TITLE		
EMPLOYER				DATE STARTED		
ADDRESS				PHONE		
HOW OFTEN PAID	PAYDAY	HOURS WORKED PER WEEK	HOURLY RATE OF PAY	GROSS PAY PER CHECK	TIPS PER MONTH	
				\$	\$	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following and bring verification to the interview.						
SELF-EMPLOYED PERSON	TYPE OF BUSINESS	HOURS WORKED PER WEEK	MONTHLY GROSS		MONTHLY EXPENSES	
			\$		\$	
			\$		\$	
24. Does anyone receive money from roomers or boarders? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following:						
ROOMER'S/BOARDER'S NAME			MONTHLY AMOUNT RECEIVED			
			ROOM		BOARD	
			\$		\$	
			\$		\$	
			\$		\$	
25. Does anyone expect a change in income (such as a new job, a change in wages, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following:						
NAME OF PERSON		EXPLAIN			DATE OF CHANGE	

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SEE EAM 7

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**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?
 Yes No If Yes, (✓) the expense(s):
 Rent Utilities Taxes Mortgages Personal Supplies Food Household Supplies
 Medical Care Clothing Other _____
 If Yes, what person or agency helps pay or provide the expense(s)? _____
 Do you need to pay them back? Yes No

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:

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

LIST YOUR LANDLORD'S NAME, ADDRESS AND PHONE NUMBER

30. Are you billed separately for utility cost? Yes No If Yes, (✓) check the utilities:
 Electric/Gas Water Sewer/Trash
 If yes, choose one of the following options "A" or "B" for each utility billed separately:
 Electricity/Gas _____ Water _____ Sewer/Trash _____

A. Standard Utility Allowance (SUA)
 The SUA is an amount which reflects the average statewide amount spent for specific utilities and other mandatory fees. You may choose to have either the actual cost or the SUA for each utility cost used in determining the SNAP shelter cost deduction amount.

B. Actual Utility Costs
 If you Choose to use ACTUAL COSTS, you will need to verify these costs.

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

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

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

Official revised 01/15

ALIMONY/CHILD SUPPORT EXPENSES				
32. Does anyone pay alimony, child support, or make payments for those whom you claim as tax dependents and do not live in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following:				
TYPE OF PAYMENT	AMOUNT	HOW OFTEN PAID	NAME OF PERSON PAID	
	\$			
	\$			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following:				
NAME OF PERSON RECEIVING CARE	NAME OF PERSON PAYING CARE	BILLING		NAME AND ADDRESS OF PERSON PROVIDING CARE
		YOUR SHARE MONTHLY	TOTAL DUE MONTHLY	
MEDICAL EXPENSES				
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, (3) entitled to, but not receiving SSI or Social Security Disability or Blindness Benefits, (4) a disabled veteran, or (5) a disabled spouse or a child of a deceased Veteran. Medical bills/expenses include Medicare premiums, health and hospitalization insurance premiums, prescription drugs, doctor and dental bills, medical transportation costs, glasses, dentures, hearing aids, service of a nurse, or attendant, etc.				
NAME OF PERSON THE EXPENSE IS FOR	ACTUAL AMT. BILLED	ESTIMATED EXPENSE	HOW OFTEN BILLED (MONTHLY, WEEKLY)	NAME OF DOCTOR, HOSPITAL, PHARMACY, INSURANCE COMPANY
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Official release 01/15

(1) SOCIAL SECURITY NUMBER(SSN):

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

(2) YOU HAVE THE RIGHT:

- To discuss any action regarding your case with your worker or the supervisor if you are dissatisfied.
- To be notified in advance before your benefits are reduced or discontinued.
- To ask for a hearing in writing, or orally for SNAP, if you are dissatisfied with any action by the DHS, and to ask the Legal Aid Society of Hawaii, or anyone you want, to help get a hearing. Your case may be presented at the hearing by any person you choose.
- To have your record kept confidential.
- To have a bilingual or sign-language interpreter. All our oral and written communication to you will be in English, if you do not understand what you hear or read, please contact your worker right away.
- In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination with the Department, contact the Civil Rights Compliance office at 1390 Miller Street Room 214, or call (806) 586-4955, or contact USDA or HHS Write USDA, Director, Office of Civil Rights, Room 325-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20220-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 814-0403 (voice) or (202) 819-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

(3) YOUR RESPONSIBILITIES:

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

SIMPLIFIED REPORTING HOUSEHOLDS

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

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

REPORTING CHANGES FOR ALL OTHER HOUSEHOLDS

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

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

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

(4) PENALTY WARNING:

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

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

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<p>(5) YOUR AUTHORIZATION:</p> <ul style="list-style-type: none"> • I agree that the information I provide to the Department will be subject to verification by Federal, State and local officials to determine if such information is factual; and if any information is incorrect, SNAP benefits may be denied; and I may be subject to criminal prosecution for knowingly providing incorrect information. • I authorize the Department to check with any financial institution, including, but not limited to, banks, savings and loan associations, thrift companies and credit unions, to verify that I am eligible for help. I authorize any financial institution to provide the Department information, including information on the existence and nature of and amount in any account I may have with the financial institution. • I agree to provide the necessary documents to verify the statements I have made. If documents are not available, I agree to give the name of person or organization (such as doctor, employer, State or Federal agency) whom the Department may contact for information about me which may be needed to show that I am eligible for help. • I agree to cooperate with the Department, Federal Quality Control reviewers and/or auditors if my case is selected for a review. • I understand that the Department may need to release information about me for purposes connected with the administration of the Department's assistance program, or the administration of federally assisted programs which provides assistance on the basis of need. • I understand that the Department will obtain and exchange information about me to verify my income and eligibility from the Internal Revenue Service and exchange information about me with the Social Security Administration, Department of Labor for wages and Unemployment Compensation, and agencies in all states administering the Income Eligibility Verification System. • I understand that if SNAP benefits are issued before a determination of financial eligibility is made, that the amount of SNAP benefits may be reduced without further notice as long as I am notified of this possibility on the notice approving SNAP benefits. • I understand that my residence and business address may be released to law enforcement officers if needed for an official administrative, civil, or criminal law enforcement purpose, or to identify a recipient as a fugitive felon or a parole violator. • I understand that if my EBT account becomes inactive because I failed to access my benefits, the balance in my EBT account may be used to offset any outstanding overpayments that my household owes the Department. • I authorize the Department to release information from my case to the social security (SS) advocate contracted by the Department. This information will be used to help get SS benefits for me. The type of information which may be released shall include medical, income and asset information and work history. I also authorize the advocate to release information to the Department regarding the status of my claim for SS and any failure to comply with appointments and requests for information. I understand that release of this information may affect my public assistance benefits. This consent is good until a final determination of eligibility for SS has been reached or the consent is withdrawn in writing. • I agree that I will not access my Temporary Assistance for Needy Families (TANF) financial assistance benefits through any electronic benefit transfer transaction in any liquor store; any casino; gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. 				
<p>(6) ASSIGNMENTS AND AGREEMENT:</p> <ul style="list-style-type: none"> • ASSIGNMENT OF RIGHTS: I understand that as a condition of eligibility for financial assistance, I am assigning to the State of Hawaii any rights to child and spousal support that I may have from another person, for myself or any person for whom I am applying or receiving assistance. This assignment includes rights to support from previous as well as present and future support. Such payments will be used to reimburse the State up to the amount of assistance granted. You may be exempt from this requirement if you fear physical or mental harm to yourself or your children. I also understand that when I assign child and spousal support to the State I must have the State's permission to negotiate or seek a new court order or otherwise change the existing status of my child or spousal support agreement. I agree to cooperate with the State in establishing paternity for the minor children in my application. • REAL PROPERTY AGREEMENT: I give the Department permission to verify information on my property. I also agree to report to the Department within five days any money received from the sale, lease, exchange or transfer of such property. If I assign or transfer any property for less money than what I get in the open market, my dependents and I will become ineligible for further assistance. 				
<p>(7) SNAP PRIVACY ACT STATEMENT: Collection of information for this application, including the social security number (SSN) of each household member is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.</p> <ul style="list-style-type: none"> • The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP. • Information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. • If a SNAP claim arises against your household, the information on the application, including all SSNs, may be referred to Federal and State agencies, as well as to private claims collections agencies for claims collection action. • The providing of the requested information, including the SSN of each household member, is voluntary. However, failure to provide this information will result in the denial of SNAP benefits to your household. 				
<p>(8) YOUR CERTIFICATION (MUST BE SIGNED TO BE CONSIDERED A VALID APPLICATION): Before signing this application, go back and check that you have answered each question. Make sure you understand your rights and responsibilities, the penalty warning, your authorization, your consent, your assignments and agreements.</p> <ul style="list-style-type: none"> • I certify under penalty of perjury, that my answers are correct and complete to the best of my knowledge. • I understand the obligations on this application and the penalty for lying or giving false information. • I certify that I have been informed of my rights and responsibilities by the worker and I agree to heed these responsibilities. • I understand the assignments and agreements and agree to fulfill them as a condition of eligibility. • I certify under penalty of perjury that the information provided on the Citizenship/Status Declaration on each applicant household member is correct. 				
SIGNATURE FOR MARK OF APPLICANT	DATE	SIGNATURE FOR MARK OF SPOUSE OR OTHER ADULT (PLEASE SIGN IF YOU ARE SIGNED FOR)	DATE	WITNESS IF SIGNATURE IS "X"
<p>(9) CERTIFICATION BY AUTHORIZED REPRESENTATIVE <input type="checkbox"/> OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION <input type="checkbox"/> : Please check off one box.) I helped the applicant fill out this form. I understand that anyone helping another person in dishonestly getting benefits is subject to criminal penalties. I certify that the answers given by me on this form <input type="checkbox"/> is what I know personally about him/her, or <input type="checkbox"/> was provided by the applicant/applier.</p>				
SIGNATURE	RELATIONSHIP	DATE		
HOME ADDRESS				PHONE NO.
(10) IN CASE OF EMERGENCY OR DEATH, THE PERSON TO CONTACT IS: (Please Print)				
NAME	RELATIONSHIP	PHONE NO.	ADDRESS	
<p>(11) CERTIFICATION BY ELIGIBILITY WORKER: I certify that the applicant/recipient has been informed of his/her rights and responsibilities and the possibility of criminal charges for misrepresenting or concealing facts which determine eligibility.</p>				
PRINT ELIGIBILITY WORKER'S NAME	SIGNATURE OF ELIGIBILITY WORKER	DATE		

DPSS 1340

11

Official revised 01/15

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 Lehua Avenue
Pearl City, Hawaii 96782
Phone: (808) 453-VOTE (8683)
Neighbor Islands Toll Free: 1-800-442-VOTE (8683)

Name

Signature

Date

I.D. # A 0 1 7

DHS 12-0

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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 6:00 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 (42U.S.C. 1973aa-6).

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
- curbside voting services to voters who are unable to leave their vehicles to vote.

LANGUAGE ASSISTANCE

Tulong para Iti Lengguahe – Filipino (Ilocano)

Dagiti materyales nga naisalin ti abali a lingua nga makatlong kanyayo ti panangkompito ti atoy a papel ket mabalin a maala idlay Opisina ti Siudad/County Clerk. Pangsasi tumawag idlay numero telepono nga babaen ti kasapulan nga nakalista idlay makinababa.

Chinese

為了幫助您更好的完成填寫此表格，我們在市/縣書記辦公室為您提供翻譯好的投票材料。請根據下面列出的電話號碼 聯係相應部門。

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類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。

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 6:00 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 (NVRAC) card with your polling place listed on it.

You are not properly registered if:

- you do not receive the NVRAC card;
- you no longer live at the address listed on the NVRAC card; or
- your residence address on the NVRAC 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 11-95).

Contact Information

For additional information, call the Voter Hotline at:

(808) 453-VOTE (8683)

Neighbor Islands call toll-free:

1-800-442-VOTE (8683)

Website address: www.hawaii.gov/elections

Persons with hearing or speech disabilities should call the Office of Elections' TTY phone at: (808) 453-6150

Neighbor Islands call TTY toll-free: 1-800-345-5915

Sprint Relay Hawaii: 711 (V/TTY)

Voice Carry Over (VCO): 1 (877) 447-5992

Speech to Speech (STS): 1 (877) 447-8711

English (Translation)

Translated 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

Mau: (808) 270-7749

Kauai: (808) 241-4800

Hawaii: (808) 961-8277

Official revised 01/13

Voter Registration & Permanent Absentee

Important: Print clearly in black ink.

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

1	Social Security Number*	Date of Birth	Telephone Number
2	_____	____/____/____	_____
4	Last Name	First Name	M.I.
5	Residence Address (Must be completed. P.O. Box, R.R., S.P. are not acceptable)	Apt. No.	City/Town Zip
6	Mailing Address in Hawaii (Street address or P.O. Box)	City/Town	Zip
7	If not street address, describe location of residence (Leave blank if box #5 is completed)	City/Town	Zip
8	Gender	9 Optional - Email Address	
	<input type="checkbox"/> F	10	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.
	<input type="checkbox"/> M		

READ AND SIGN BELOW

11	<p>VOTER REGISTRATION</p> <p>I hereby swear (or affirm) that:</p> <p>For Federal, State, and County Elections:</p> <p>A. I am a citizen of the United States of America. <input type="checkbox"/> YES <input type="checkbox"/> NO (Non-U.S. citizens including U.S. nationals do not qualify).</p> <p>B. I am at least 18 years of age and I understand that I must be 18 years old by election day to vote. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>C. I am a resident of the State of Hawaii. (The residence stated in this affidavit is not simply because of my presence in the State, but that the residence was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein...) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you checked 'no' in response to any of these affirmations, do not complete this form.</p> <p>Signature _____</p> <p>Date _____</p>	12	<p>PERMANENT ABSENTEE</p> <p>Complete only if you want to receive your ballots by mail</p> <p>I am requesting to receive absentee ballots permanently.</p> <p>Please mail my ballots to:</p> <p><input type="checkbox"/> Residence Address (box #5) <input type="checkbox"/> Mailing Address (box #6)</p> <p><input type="checkbox"/> Address _____ City State _____ Zip Code _____</p> <p>I shall be responsible for informing the clerk of any changes to my personal information, including changes to the mailing address for my absentee ballots; I also understand that my permanent voter status will remain in effect unless and until one of the following conditions occur:</p> <p>A. If I request termination 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 notification 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. election day in both the primary and general election of an election year; and</p> <p>I understand that if my permanent absentee voter status is terminated I will be responsible for reapplying for permanent absentee status.</p> <p>Signature _____</p> <p>Date _____</p>
----	--	----	--

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

FOR OFFICE USE ONLY

14	I.D. No. A 0 1 7	Location Code	Warning: Any person who knowingly furnishes false information may be guilty of a class C felony, punishable by up to 5 years of imprisonment and/or \$10,000 fine.
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*Notice: Section 11-15 and 15-4 of the Hawaii Revised Statutes requires that a person provide, under oath, his or her social security number, if any. It is used to prevent fraudulent registration and voting. An application lacking this information will, therefore, be denied. Pursuant to Section 7 of the Federal Privacy Act (P.L. 90-576), be advised that his information may be released to government agencies for government purposes. The office at which a person registers to vote is confidential. A person's decision to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

Official revised 8/1/18

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 in 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 and valid photo identification, or
- 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

DHS 1240

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

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

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

It's so simple!



HOW TO USE YOUR KOHUA EBT CARD AT THE GROCERY STORE

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

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

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

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

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



For withdrawal of Cash benefits, you will need a valid photo ID and a network through the ATM.

1. Insert or swipe your card.

2. Enter your Personal Identification Number (PIN) and press the OK or ENTER key.

3. Select the key marked WITHDRAW CASH and then select CHECKING.

4. Enter the amount you'd like to withdraw (amounts for example, \$20, \$10, \$50, etc.).

5. Take your card, your receipt, and your cash.

6. Count your cash and compare it to your receipt.

7. Keep your receipt to help you keep track of your balance the next time you need cash.

If you take several transactions to withdraw all of your Cash benefits from an ATM the machine has a limit on the amount of cash you can withdraw each time. A transaction for up to \$335 per cash withdrawal may be automatically deducted from your account balance. In addition to any bank restrictions.

HAWAII EBT QUESTIONS AND ANSWERS

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

Each month your benefits will automatically be added to your account. You will use the same Kohua EBT Card every month to get your benefits. As you use your benefits to get cash or buy goods, your account balance will decrease.

When do I get my benefits?

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

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

1st to 3rd day of the month	4th to 10th day of the month	11th to 15th day of the month	16th to 31st day of the month
A - 1	A - 1	3rd day of the month	5th day of the month
J - 1	J - 1		
J - 2	J - 2		

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

Where can I use my Kohua EBT Card?

You can use your Kohua EBT Card at participating stores and ATMs (cash machines for Cash benefits only) across the country. You CANNOT use your card at POS machines or ATMs located in any liquor store, any casino, or gaming establishment or any retail establishment which provides adult-oriented entertainment in which performance artists perform in an unattended state for entertainment. You can also use your card wherever you see the Quest logo.



What should I do if I lose my card?

If your Kohua EBT Card is lost, stolen or damaged and you need a replacement card, call Customer Service toll free at 1-888-328-4392.

What is my card number?

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

What if my card isn't working?

Call Customer Service and they will assist you. The number is found on the back of your card. Customer Service is available 24 hours a day, 7 days a week.

What if there is an incorrect transaction on my receipt?

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

NOTE: If you discover an error in your account balance, immediately call Customer Service to report the error.

How do I take care of my card?

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

What is a Personal Identification Number (PIN)?

A PIN is a four-digit secret number that allows only you to use your Kohua EBT Card. You can select your PIN on the Internet at www.ebtEDGE.com or by calling Customer Service.

Never tell your PIN to anyone! If someone knows your PIN, they can use your card to get ALL of your benefits - and those benefits will not be replaced.

What if I forget my PIN?

If you forget your PIN or want to change your PIN, you can use the Internet (www.ebtEDGE.com) or call Customer Service to choose a new one. You should choose four numbers that are easy for you to remember, but hard for someone else to figure out.

What if I enter the wrong PIN?

If you are having trouble remembering your PIN, DO NOT try to guess your PIN when entering it on a POS machine or 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 try, you won't be able to use it until after midnight because a hold is placed on your card. In some cases, your card may be taken by the ATM. If this ATM keeps your card, contact Customer Service.

Remember, you can change your PIN at any time on the Internet at www.ebtEDGE.com or by calling Customer Service.

What should I do if someone finds out my PIN?

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

How will I know my account balances?

The easiest way to know your account balance is to keep your receipts. If you don't have your receipts, you may check your balance on the Internet at www.ebtEDGE.com or you can call Customer Service. You should always know your account balance before you shop.

What happens if the POS machine is not working?

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

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

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

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

You can make a POS purchase or cash back transaction at a participating store to get these funds or you can use an ATM that dispenses exact amounts.

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

There is never a transaction fee for using your SNAP benefits to buy food with your Kōkua EBT Card. There is also never a transaction fee for using your Cash benefits to buy food or get cash at a POS machine. At ATMs, you will not be charged a transaction fee for the first two Cash benefit withdrawals each month. For each additional cash withdrawal during that month, you will be charged a 32-cent transaction fee, which will automatically be taken out of your Cash account.

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

No Fees

- SNAP Benefit Purchases
- Cash Purchases
- Cash Back with Purchases
- Cash Withdrawals at a POS Machine

Fees

- Cash Withdrawals at an ATM = \$3.22

Surcharges

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

Can I deposit money into my EBT account?

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

What is Direct Deposit?

Instead of using EBT, you may choose to have your Cash benefits deposited every month directly into your new or current personal bank account. You cannot use direct deposit for SNAP benefits. If you choose to have your Cash benefits directly deposited, your SNAP benefits will be available on your Kōkua EBT Card on the first calendar day of the month. Your Cash benefit should be in your bank account by the third banking day of each month. Contact your local processing center for more information.

What is an Authorized Representative?

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

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

Your balance at the end of the month is carried over to the next month. You will have access to your remaining balance in your EBT account as long as you do a debit transaction at least once a month. However, Cash benefits that are not withdrawn or debited for 112 days and SNAP benefits not withdrawn or debited for 365 days will be returned to the State. Benefits that are returned to the State may be used to offset any outstanding debts that are still owed by the household.

When do I call Customer Service?

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

What if I plan to move or change my address?

You must contact your local processing center if you move or change your address.

Check your balance and get other account information on the Internet at www.ebtEDGE.com

Customer Service
1-888-328-4292
TTY users dial 711
or call 877-447-5990

Misuse of your Kōkua EBT Card is unlawful, please use your card wisely!

Tips to take care of your Kōkua EBT Card

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

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

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How to Use Your Kōkua EBT Card



For account information, visit www.ebtEDGE.com

Customer Service
1-888-328-4292
TTY: dial 711, or call 877-447-5990

Work Referral and Requirements

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

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

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

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

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

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

FIRST OCCURRENCE: INELIGIBLE UNTIL YOU COMPLY

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

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

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

Applicant/Recipient Signature

Date

Eligibility Worker Signature

Date

DHS 1259 (09/08)

Prepare 2 copies: File Original
Copy to Applicant / Recipient

**Temporary Assistance for Needy Families
Memorandum of Understanding**

Name of Applicant/Recipient

Unit/Worker Code

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

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

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

Applicant/Recipient Signature

Date (m/d/yyyy)

Eligibility Worker Signature

Date (m/d/yyyy)

SELF-DECLARATION SCREENING FORM TO CLAIM DOMESTIC VIOLENCE VICTIM STATUS**I. PURPOSE**

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

DOMESTIC VIOLENCE VICTIM STATUS CRITERIA

Please answer the following questions:

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

APPOINTMENT WITH THE DOMESTIC VIOLENCE AGENCY

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

PROVIDING PROOF

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

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

CERTIFICATION

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

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

II. FOR OFFICIAL (DOMESTIC VIOLENCE AGENCY) USE ONLY

Document verification received: _____

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

_____ Signature of Domestic Violence Agency Advocate	_____ Agency Name / Phone Number	_____ Date (m/d/yy)
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DHS 1260 (07/09)

3 Copies: Original: DV Agency
Copy: Case File(EW/FTW) and Client (only if safe)

CHILD CARE RATE TABLE

Center-Based	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
Infant/Toddler Care	\$1,395	\$1,243	\$777	\$311
NAEYC Accredited* or	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
NECPA Accredited	\$710	\$632	\$395	\$158
Center-Based Care				
Licensed Center-Based** or	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
Group Child Care Home	\$675	\$601	\$376	\$150
Licensed Family Child	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
Care Home	\$650	\$579	\$362	\$145
Infant/Toddler Care				
Licensed Family Child	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
Care Home**	\$600	\$534	\$334	\$134
License-Exempt Relative	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
And Non-Relative	\$400	\$356	\$223	\$89
Infant/Toddler Care				

License-Exempt Relative,	97+ Monthly Hours	61-96 Monthly Hours	25-60 Monthly Hours	1-24 Monthly Hours
Non-Relative, and	\$350	\$312	\$195	\$78
Group Care				
Licensed	45+ Monthly Hours	30-44 Monthly Hours	15-29 Monthly Hours	1-14 Monthly Hours
Before School Care/	\$155	\$136	\$90	\$43
After School Care				
Licensed-Exempt	45+ Monthly Hours	30-44 Monthly Hours	15-29 Monthly Hours	1-14 Monthly Hours
Before School Care/	\$60	\$53	\$35	\$17
After School Care				

* 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

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

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

October 1, 2009

Child Care Gross Income Eligibility Limits and Sliding Fee Scale

Family Size	Income Eligibility Limit	0-50% FPL	50%-70% FPL	70%-100% FPL	100%-110% FPL	110%-125% FPL	125%-150% FPL	150%-160% FPL	160%-175% FPL	175%-200% FPL	200% FPL – elig. limit
		100% of DHS max. rate allowed	90% of DHS max. rate allowed	80% of DHS max. rate allowed	70% of DHS max. rate allowed	60% of DHS max. rate allowed	50% of DHS max. rate allowed	40% of DHS max. rate allowed	30% of DHS max. rate allowed	20% of DHS max. rate allowed	10% of DHS max. rate allowed
		0% family co-pay	10% family co-pay	20% family co-pay	30% family co-pay	40% family co-pay	50% family co-pay	60% family co-pay	70% family co-pay	80% family co-pay	90% family co-pay
1	2431	446	669	892	981	1115	1338	1427	1561	1784	2431
2	3179	599	898	1197	1317	1496	1796	1915	2095	2394	3179
3	3927	751	1127	1502	1652	1878	2253	2403	2629	3004	3927
4	4675	904	1355	1807	1988	2259	2711	2891	3162	3614	4675
5	5423	1056	1584	2112	2323	2640	3168	3379	3696	4224	5423
6	6171	1209	1813	2417	2659	3021	3626	3867	4230	4834	6171
7	6312	1361	2042	2722	2994	3403	4083	4355	4764	5444	6312
8	6452	1514	22790	3027	3330	3784	4541	4843	5297	6054	6452
9	6592	1666	2499	3332	3665	4165	4998	5331	5831	6592	-
10	6732	1819	2728	3637	4001	4546	5456	5819	6365	6732	-
11	6873	1971	2957	3942	4336	4928	5913	6307	6873	-	-
12	7013	2124	3185	4247	4672	5309	6317	6795	7013	-	-
13	7153	2276	3414	4552	5007	5690	6828	7153	-	-	-
14	7293	2429	3643	4857	5343	6071	7286	7293	-	-	-
15	7434	2581	3872	5162	5678	6453	7434	-	-	-	-
For each add'l, add	140	152	229	305	335	382	140	-	-	-	-

Instructions:

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

Note:

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

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*

<u>Type of Expense</u>	<u>Dollar Limit</u>
Auto Repair	\$1,500
Towing Fees or Impound/Storage Fees to Release an Automobile	\$300
Automobile Down Payment (may be used as full payment)	\$1,000
Automobile Inspection Fee	\$500
Repair of Occupational Equipment (e.g. fishing boat, sewing machine, etc.)	\$1,500
Tools and/or Equipment	\$1,500
Display Furniture (e.g. canvas tent and tables)	\$500
Sample Cases	\$1,000
Pagers	\$100
Books and Manuals	\$1,000
Travel Expense (to accept a job)	\$750
Beauty and/or Cosmetic Expense	\$500
Eyewear	\$300
Protective Clothing (e.g. steel-toe shoes, helmet, gloves, coats, etc.)	\$1,000
Other Clothing (e.g. uniforms, professional apparel, etc.)	\$750
Certificate or Licenses	\$500
Examination and Testing Fees	\$500
Identification (e.g. passport, State ID, etc.)	\$150
Union Dues or Initiation Fees	\$1,000
Medical Expenses Not Covered by Medicaid (e.g. cosmetic)	\$2,000
Dental Expense Not Covered by Medicaid or Dental Contract	\$1,500
DHS 737 (06/07)	

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 forty-five (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.

Certification by Governor David Y. Ige from the State Plan's Initial Submission

The State of Hawaii certifies that the forty-five (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:

 _____ DAVID Y. IGE	Feb 26, 2021 _____ DATE
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