

SINGLE APPLICATION FOR CHILD CARE ASSISTANCE OVERVIEW

IMPORTANT INFORMATION WHEN APPLYING FOR CHILD CARE ASSISTANCE

CHILD CARE SUBSIDY (CCS) ELIGIBILITY REQUIREMENTS

1. Child must be under age 13, or 13 through 18, and unable to care for self.
 - ✓ Written verification from a state-licensed physician or psychiatrist, or psychologist if child is age 13 through 18 and unable to care for self will be required.
2. Child must be a US citizen or a Lawful Permanent Resident.
 - ✓ If not born in the US: US passport, Certificate of Naturalization, Certificate of Citizenship or permanent resident card (“Green Card”) will be required.
3. Child for whom assistance is being requested must reside with the applicant.
4. Income eligibility for the household size (see CCS program info [here](#)).
5. Parent(s)/guardian(s) must be (select all that apply):
 - Employed or attending school or a job training program;
 - ✓ Employment verification or school registration which shows credits/hours enrolled or job training program enrollment will be required.
 - At risk of losing employment because child care is needed;
 - Offered a job and need child care to start employment;
 - Receiving Child Protective Services (CPS);
 - ✓ Child Welfare Services (CWS) court-ordered Family Service Plan or the Foster Custody Placement Agreement will be required.
6. Family will select the child care provider that meets the DHS requirements that best meets the needs of the family and child(ren).
7. If applying for the Child Care Subsidy program you may file your application if your child care starts in 30 days.

PRESCHOOL OPEN DOORS (POD) ELIGIBILITY REQUIREMENTS

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

DOCUMENTATION REQUIRED FOR THE APPLICATION FOR CHILD CARE ASSISTANCE

For parents/guardians: Identification, copies of court decrees, custody agreements, legal guardianship, verification of relationship to child (e.g. power of attorney), income verification, pay stubs, self-employment documents (e.g. G-45 tax form, General Excise tax license, income & business expenses), school/training registration, verification of permanent disability.

For children: Copies of birth certificates for all children, citizenship/lawful permanent resident verification, court decree or custodial documentation.

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

Translated Top 14 Languages Spoken by Individuals with Limited English Proficiency (LEP) in Hawaii

Do you need help in another language? We will get you a free interpreter. Call 1-888-764-7586 to tell us which language you speak.	English
您需要其它語言嗎? 如有需要, 請致電 1-888-764-7586 , 我們會提供免費翻譯服務 您需要其它语言吗? 如有需要, 请致电 1-888-764-7586 , 我们会提供免费翻译服务	廣東話/广东话 (Chinese - Cantonese)
您需要其它語言嗎? 如有需要, 請致電 1-888-764-7586 , 我們會提供免費翻譯服務 您需要其它语言吗? 如有需要, 请致电 1-888-764-7586 , 我们会提供免费翻译服务	國語/普通话 (Chinese - Mandarin)
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori 1-888-764-7586 omw kopwe ureni kich meni kapas ka ani.	Kapsen Chuuk (Chuukese)
Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona 1-888-764-7586 `oe ia la kua a e ha`ina `oe ia la maua mea `olelo o na `aina `e.	`Olelo Hawai`i (Hawaiian)
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti 1-888-764-7586 tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo.	Ilokano (Ilocano)
貴方は、他の言語に、助けを必要としていますか？私たちは、貴方のために、無料で通訳を用意できます。電話番号の、 1-888-764-7586 に、電話して、私たちに貴方の話されている言語を申し出てください。	日本語 (Japanese)
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-888-764-7586 로 전화해서 사용하는 언어를 알려주십시오	한국어 (Korean)
Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok 1-888-764-7586 im kwalok non kim kajin ta eo kwo melele im kenono kake.	Kajin Majel (Marshallese)
E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea 1-888-764-7586 pea e mana'o mia se fesosoani mo se faaliliu upu.	Gagana Samoa (Samoan)
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-888-764-7586 y díganos que idioma habla.	Español (Spanish)
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-888-764-7586 para sabihin kung anong lengguwahe ang nais ninyong gamitin.	Tagalog (Tagalog)
คุณต้องการความช่วยเหลือทางด้านภาษาหรือไม่ ทางเราจะจัดหาล่ามฟรีให้คุณ โทรที่เบอร์ 1-888-764-7586 และบอกเราว่าคุณพูดภาษาอะไร	ภาษาไทย (Thai)
Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi 1-888-764-7586 nói cho chúng tôi biết bạn dùng ngôn ngữ nào.	Tiếng Việt (Vietnamese)
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa 1-888-764-7586 aron magpahibalo kung unsa ang imong sinulti-han.	Visayan (Cebuano)

SINGLE APPLICATION FOR CHILD CARE ASSISTANCE

APPLICATION FILING: You must answer all of the questions on the application form and submit verification before your application is considered complete. If applying for the Child Care Subsidy program you may file your application if your child care starts in 30 days. If applying for the Preschool Open Doors (POD) program, applications are only accepted during DHS established application periods.

I have read and understand the requirements for the Child Care Subsidy program and the Preschool Open Doors (POD) program. I am submitting my application for:

Please select <input type="checkbox"/> Child Care Subsidy program <input type="checkbox"/> Preschool Open Doors program <input type="checkbox"/> BOTH Child Care Subsidy <u>and</u> Preschool Open Doors	Tell us about you and your children, select all that apply: <input type="checkbox"/> I care for a foster child who needs child care <input type="checkbox"/> I am receiving cash assistance such as TANF benefits <input type="checkbox"/> I have a child who has a physical, developmental, behavioral, or emotional incapacity
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PLEASE PRINT CLEARLY

APPLICANT (LAST, FIRST, M.I.)	SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YY)	RACE	SEX
CO-APPLICANT (LAST, FIRST, M.I.)	SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YY)	RACE	SEX
RESIDENCE ADDRESS	APT #	CITY & STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)	APT #	CITY & STATE	ZIP CODE	
<input type="checkbox"/> Check this box if your family is homeless or does not have a regular nighttime residence.		PHONE	ALTERNATE PHONE	
EMAIL:				
Is anyone in the US Military? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, name:		<input type="checkbox"/> Active-Duty <input type="checkbox"/> Reserve/ National Guard	Is anyone permanently disabled? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, name:	

What is the primary language spoken in your home? _____

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

Interpreter Services:
 You must complete the DHS 5000 - Offer And Acceptance Or Waiver of Free Interpreter Services (last page) of this application.

NAME(S) OF CHILD(REN)	RACE	SEX	SOCIAL SECURITY NO.	BIRTHDATE (MM/DD/YY)	Child Care	YES	NO
					* Special Needs Child Care Requested Child Care Start Date _____	<input type="checkbox"/>	<input type="checkbox"/>
					*Special Needs Child Care Requested Child Care Start Date _____	<input type="checkbox"/>	<input type="checkbox"/>
					*Special Needs Child Care Requested Child Care Start Date _____	<input type="checkbox"/>	<input type="checkbox"/>
					*Special Needs Child Care Requested Child Care Start Date _____	<input type="checkbox"/>	<input type="checkbox"/>
					*Special Needs Child Care Requested Child Care Start Date _____	<input type="checkbox"/>	<input type="checkbox"/>

** For POD only, complete the Special Populations Priority Referral Form (DHS 913A POD) if your child has special needs*

ASSETS: Total assets in Applicant and/or Co-applicant's names, including ownership or partial ownership of property located in Hawaii and elsewhere, business or corporations, vehicles, jewelry, etc., but excluding any equity value in the home which is the usual residence of the household and excluding any equity for one vehicle.)

TOTAL ASSETS value exceeds \$1-Million U.S. dollars **NO** **YES**

STUDENT INFORMATION: Is the Applicant and/or Co-Applicant a student?

NO **YES** If yes, complete below:

APPLICANT / CO-APPLICANT	NAME OF SCHOOL / ADDRESS	START DATE	END DATE

MONTHLY INCOME: Is anyone receiving, expect to receive, or have an application pending (P) 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. You will be required to submit supporting verification.

YES	NO	P	SOURCE OF INCOME	PERSON WHO RECEIVES INCOME	MONTHLY AMOUNT	HOW OFTEN RECEIVED?
			Employment (Complete employment section below)		\$	
			Social Security		\$	
			Supplemental Security Income (SSI)		\$	
			Unemployment Benefits		\$	
			Child Support, Alimony		\$	
			Retirement/Pension, Profit Sharing, Annuity Pmts.		\$	
			Temporary Disability Insurance/Worker's Compensation		\$	
			Adoption Assistance Payments		\$	
			Other (specify all)		\$	
Total Monthly Income:					\$	

Employment INFORMATION: Is the Applicant and/or Co-Applicant employed?

NO **YES** If yes, complete below

APPLICANT / CO-APPLICANT	NAME OF EMPLOYER / ADDRESS	START DATE	END DATE

Reason for Child Care (select all that apply)

- No parental activity (POD only) Employed Offered a job
 Attending school/job training Receiving CPS services At risk of losing job

YOU HAVE THE RIGHT TO:

1. Be notified of eligibility after Department receipt of your completed application and supporting documents;
2. Appeal a Department decision if you feel you are not satisfied with the action taken;
3. Select your choice of child care provider, except illegal child care, and accept responsibility for that choice;
4. Receive services based upon meeting eligibility requirements, availability of funds, and without discrimination;
5. Decline services or voluntarily withdraw from the program, except for reasons mandated by a child protective services plan or court order.

YOU HAVE THE RESPONSIBILITY FOR:

1. Completing the application / 12-months recertification and providing supporting documents;
2. Participating in interviews to establish eligibility for the child care program;
3. Completing and submitting the Simplified Report Form with supporting documents, as instructed, that provide the Department with information to determine continued eligibility for child care payments;
4. Paying your child care provider all obligations for services such as tuition, registration/supplies fees and other costs, including subsidies that are provided by the Department. Also, paying for child care costs over and above what the Department allows;
5. Paying for any outstanding child care costs directly to your child(ren)'s DHS-licensed child care provider in the event that your child care benefits that you authorized and designated to be forwarded on to your child(ren)'s DHS-licensed child care provider are not forwarded on from your EBT or personal bank account;
6. Informing the Department if you no longer want to have the child care benefits forwarded to your DHS-licensed child care provider's bank account;
7. Informing the Department within 10 calendar days of the following changes:
 - your monthly gross income is more than the limit for your family size;
 - you change child care providers, cost of child care, child care type, and/or no longer use child care;
 - you move (change of residence and mailing address);
 - your child protective services (CPS) case closes; or
 - you add or remove household members;
 - you no longer work, or attend school or job training (not applicable for CPS cases).
 - you marry, divorce, or have a separation;
8. Reporting lost, stolen, or misused Electronic Benefits Transfer (EBT) cards immediately by calling the EBT toll-free customer service telephone number. There will be no replacement of any benefits accessed with an EBT card prior to the card being reported lost, stolen or misused.
9. Reporting 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.
10. Understanding that child care payments are included DHS "cash assistance household" accounts, and that child care EBT benefits not withdrawn for ninety (90) days will be returned to the State. Benefits that are returned to the State may be used to offset any outstanding debts that is still owed by the household. (HAR §§17-798.3-22, 17-681-51, 17-681-52, and 17-681-56).

I understand that I am applying for child care payments provided by the State of Hawaii - Department of Human Services. I agree to abide by the conditions as stated in these Rights and Responsibilities with the understanding that I will give any additional information which may be needed and will allow the Department to verify my statements either with me or through other sources as necessary. I attest, under penalty of law, that the information that I have provided is complete and correct to the best of my knowledge.

Applicant Signature

Print Applicant Name

Date

Co-Applicant Signature

Print Co-Applicant Name

Date

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____

Interpreter Needed For: _____
(Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language:	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*Sign and date below.		
2. <input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:		
<input type="checkbox"/> I need an interpreter for the following language: _____		
If you need an interpreter, go to part 3, and check the box that applies to you.		
3. <input type="checkbox"/> I want DHS to provide an interpreter at no cost to me.		
<input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own.		
<ul style="list-style-type: none"> • I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications. • I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides. • I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters. • I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice. 		
4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.		
Print Name: _____	Phone: _____	
Signature: _____	Date: _____	