

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES  
STATE PLAN**

**October 2023**

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) program to enable them to obtain and retain employment, exit TANF, and become self-sufficient.

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

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

To achieve these objectives, the program uses a combination of positive and negative incentives to challenge applicants and recipients to move away from welfare dependency and toward a future of self-reliance. The negative incentives include the five (5) year time limitation and welfare grant reductions for households that contain at least one (1) work eligible individual, and penalties for failure to participate in work activities. The positive incentives include exclusion of the earned income of dependent children who are full-time students; exclusion of all educational loans, grants, and scholarships; and increased earned income disregards so that a family remains eligible for welfare assistance until their gross income exceeds 185% of the federal poverty level (FPL) or their net earned income exceeds 48% of the FPL by household size (Note: Hawaii's FPL is legislatively capped at the FPL for 2006). In April 2013, Governor Neil Abercrombie (2010 – 2014) signed a bill into law that changed the State's TANF program policy to disregard all assets of TANF households.

## 2.0 PROGRAM ADMINISTRATION

### The Department of Human Services (DHS)

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), and all other applicable

federal laws and regulations and provisions of this State Plan.

### **3.0 PROGRAM OVERSIGHT**

#### The Benefit, Employment and Support Services Division (BESSD) and TANF Program

The Hawaii TANF program is managed under BESSD which is responsible for the administration of the program. Under BESSD, the TANF program office (TANFPO) provides policy and administrative direction in the development and implementation of the TANF programs that include TANF financial assistance benefits, the employment and training program called the First-To-Work (FTW) Program, and supportive services.

### **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 timely and adequate services for TANF, the Supplemental Nutrition Assistance Program (SNAP), General Assistance, and Aid to the Aged, Blind and Disabled programs.

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 a non-profit agency 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 (HRS), 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

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 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 Chapter 604.1, HAR.

## 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 form DHS 1240, *Application for Financial and SNAP Assistance*. By signing the application form the applicant agrees to abide by the restriction. A similar agreement is 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."

Chapter 681, section 17-681-52, subsection (a), HAR, will be amended to include the restriction.

## **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 PRWORA. The rules protect the rights of individuals and permit the release of information to programs operating in connection with the TANF program, i.e., federal funded or federal assisted programs providing assistance based on 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 Chapter 601, HAR.

### **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 Chapter 602.1, HAR.

### **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 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 ADMINISTRATIVE RULES**

Administrative rules were drafted to govern the program in 1996 in compliance with the 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. The TANF program, according to the 1996 welfare reform rules, was implemented when Hawaii's Section 1115 waiver demonstration expired in October 2004. The administrative rules were drafted to comply with the DRA. 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 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 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 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. Form DHS 1240, *Applications for Financial and SNAP Assistance*, is available and may be submitted in all processing centers statewide or online thru the Public Assistance Information System or PAIS which website address is, <https://pais-benefits.dhs.hawaii.gov>. Applications may also be requested to be mailed by calling the Public-Assistance Information Line: 1-855-643-1643. Processing centers are open during regular working hours, Monday through Friday, but are closed on all legal holidays.

During the application interview, forms DHS 1242, *TANF Memorandum of Understanding*; DHS 1259, *First-To-Work Referral and Requirements*; and DHS 1247, *Notice of Requirement to Cooperate with Child Support Enforcement Agency and Right to Claim Good Cause*, are reviewed with the applicant. The applicant household is informed of the time-limited benefits, work program participation requirements, cooperation to child support establishment as a condition of TANF eligibility, and the consequences if requirements are not met.

The Department must make a disposition on an application within forty-five (45) days. The 45-day period begins on the date a processing center receives the 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 their application for financial assistance has been denied or discontinued.

#### 10.2 Reporting Requirements and Redeterminations

Simplified reporting is the reporting requirement for households with earned income, in receipt of SNAP benefits, and have no elderly or disabled adult members. After a household is initially determined eligible and during each subsequent 12-month certification period, a simplified six-month report form is mailed to the recipient households to report changes in household composition, income, and other eligibility factors. The household is required to complete the form and submit verifications of changes no later than six (6) months prior to the end of the certification period.

In addition, outside of the six-month simplified reporting requirement, households must report and verify changes in income and household composition within ten (10) days of the date the change becomes known to the household.

A recipient household must also be recertified on an annual basis by submitting a new DHS 1240 application form; completing an eligibility interview; and providing information and verifications required to determine continued eligibility.

## **11.0 ASSISTANCE UNIT**

### **11.1 Definition of Eligible Family**

11.1.1 In order to be eligible for TANF, household shall include a needy dependent child under the age of 18 and a specified relative. A child aged 18 years may remain eligible if the child is a fulltime high school student or enrolled in a program of an equivalent level of vocational or technical training, until graduation or reached the age 19 whichever occurs first.

11.1.2 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 hanai (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 hanai parent is living in the same household and has other children or stepchildren living in the home for whom the state has not obtained legal custody.

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

- A. The natural or hanai 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 the Expected Date of Confinement or EDC.
- B. The pregnant woman and the unborn child together shall be considered as one person for the purposes of the TANF payment; and
- C. If the father of the unborn child is living with the pregnant woman, he will not be added into the TANF household until the child is born. However, if they are married, the father's income will be deemed and counted towards determining eligibility for the pregnant woman.

## 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 FTW 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 Specified Relative

A specified relative is defined as the designated relative who provides care and supervision to a dependent minor child and lives in the same household. The specified 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. A hānai father or hānai mother of a hānai child. "Hānai" means a child who is taken permanently to be reared, educated, and loved by someone other than



the child's natural parents at the time of the child's birth or in early childhood. The child is given outright, and the natural parents renounce all claims to the child; and

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

Relationship between the minor child and the specified relative must be established and verified. The specified relative must apply for TANF benefits on behalf of the minor child. With exception to natural, adoptive, step, and hānai parents, a specified relative may be excluded from the TANF household if the relative does not need assistance.

### 11.5 Eligibility for Non-Citizens

Hawaii provides Temporary Assistance to Other Needy Families (TAONF) to eligible non-U.S. citizens as defined in the 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 the Welfare Reform) or is a single minor parent living independently or two minor parents living independently including eligible non-citizens (as defined in the 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 the 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 FPL. The gross income standard is 185% of the standard of need (SON). Effective July 1, 2007, SON is set at one hundred percent (100%) of Hawaii's 2006 FPL in accordance with section 346-53, HRS. Effective July 1, 2009, SOA is 48% of SON. TANF households that contain a work eligible adult have SOA 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, HAR, a household's total monthly gross income may not exceed one hundred eighty-five percent (185%) of Hawaii's 2006 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 for each of the countable earned income 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 SON.

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

### 12.2 Earned Income Disregard

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 <sup>st</sup> Remainder	
<u>Minus \$200</u>	Flat Rate Deduction

2 <sup>nd</sup> Remainder	
Minus 55%	EIDR (0 – 24 TANF months)
3 <sup>rd</sup> Remainder	
Minus \$175	Actual cost of caring for 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	
4 <sup>th</sup> Remainder	Adjusted Net Income

### 12.3 Amount of Assistance

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

$$\frac{\text{SOA for applicable household size} - \text{Minus Net Income or Adjusted Net Income if eligible for 55\% EIDR}}{\text{Remainder} = \text{amount of assistance for household}}$$

If the household's calculated net income exceeds 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 failing to furnish a Social Security Number or an Intentional Program Violation disqualification or being an ineligible immigrant 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 SON 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 (former) Governor Neil Abercrombie on April 18, 2013.

#### 12.6 Residency

Applicants/recipients must be residents of the state, but there is no minimum period 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 115(a) of Public Law 104-193 shall not apply in Hawaii to persons with a felony conviction which has as an element, the possession, use or distribution of a controlled substance, provided these individuals are complying with treatment or have not refused or failed to comply with treatment. This statute became permanent when the 1999 Hawaii Legislature passed Act 27 to remove a sunset clause.

#### 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:

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

1. Standard of Need (SON) is 100% of the FPL, established by the federal government effective July 1, 2006.
2. SOA is 48% of the SON
3. SOA is reduced by 20% after the family received two (2) full months of benefits and is applicable to mandatory work required TANF households, effective July 1, 2009.

### 13.2 Benefit Issuance

Financial assistance is issued monthly to eligible TANF households as direct cash assistance in the form of EBT, direct deposit into a personal bank account, or an imprest check. Imprest checks are issued only when the applicant faces an emergency and meets the emergency criteria.

Benefits are deposited automatically into the recipient's EBT card each month and are available on the third (3<sup>rd</sup>) day of the month if the recipient's last name begins with letters A – I, and on the fifth (5<sup>th</sup>) day of the month for last names beginning with J -Z. Those who opted to receive their benefits via direct deposit into their bank accounts, will receive their benefits by the third (3<sup>rd</sup>) 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 day 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 bank 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 bank 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 for WEI applicant and recipient households.

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 percent (20%) 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 Universal 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 the 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. One adult in a two-adult household, must attend the FTW program orientation and an intake session within five (5) workdays from the date of eligibility interview.

### **15.2 FTW Vocational Rehabilitation (FTW-VR)**

Individuals who claim they are unable to work due to substance use disorder, 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) unit.

### **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 use disorder, 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 (1<sup>st</sup>) such failure to comply, until the failure to comply ceases.
- B. For the second (2<sup>nd</sup>) such failure to comply, two (2) months; or
- C. For any subsequent failure to comply, three (3) months.

The sanctioned individual must reapply by submitting a new application form and meet the UFUE requirements to re-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 (1<sup>st</sup>) sanction, the household is ineligible for TANF until the household reapplies for benefits.
- B. For the second (2<sup>nd</sup>) sanction, the household is ineligible for a minimum of two (2) months or until the household reapplies for benefits, whichever is longer; or
- 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 subsection 12.1 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 subsection 12.1 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, psychiatrist 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, psychiatrist 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 (30) hours per week or one hundred twenty (120) 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 survivor of domestic violence.

### 15.7 Mandatory School Attendance

Hawaii does impose a sanction on a family for failure to ensure that a minor dependent child attends 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 Status

An applicant is informed of their right to claim the domestic violence 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 domestic violence advocate agency (Attachment B-3). The domestic violence 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 Domestic Violence Policy

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

- A. A definition of domestic violence, including examples of acts and circumstances which may constitute a domestic violence crisis.
- B. An explanation of the availability of the 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 the domestic violence status.

#### 15.9.2 Domestic Violence Assessment

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

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

### 15.9.3 Domestic Violence 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 a domestic violence situation, 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 Domestic Violence Advocacy Services

The applicant/recipient who meets the domestic violence status must accept and receive domestic violence-related 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 advocacy agency during the initial six (6) month period.
- B. The domestic violence advocacy agency recommends the extension; and
- C. The alleged perpetrator is not residing in the same home as the domestic violence survivor.

#### 15.10 Child Support Enforcement Agency (CSEA)

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 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, 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 TANF benefits.

## **16.0 NON-WORK ELIGIBLE HOUSEHOLD**

A household where all adults must meet one (1) 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 or Social Security Disability Income benefits.
- 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 FTW 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 (2) 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's 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 FTW Intake Assessments

Individuals who are determined to be work eligible individuals (WEI) or other work eligible individuals (OWEI) are referred immediately to the FTW program and are scheduled to attend an orientation and intake session. During intake, a preliminary self-assessment is conducted to identify needs, strengths, and determine if the participant has any psycho-social, health, educational/skill, employment, and communication concerns that may be barriers to employment. Following the orientation and intake session, the participant completes an in-depth interview and the Hawaii Assessment and Personal Appraisal (HAPA) 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 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 FTW AND SEE

#### 19.1 FTW Program

The FTW program utilizes a "work focused" approach which requires adults to participate in appropriate work activities as a condition of receiving assistance. The FTW program provides a wide array of services and supports that are designed to assist recipients to enter and remain in the workforce. FTW participants are required to meet

specific weekly participation requirements based on the number of adults and the age of the children in the household.

### 19.2 Supporting Employment Empowerment Program

The 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 Federal Insurance Contributions Act or FICA deduction. The FTW participants are employed through the SEE program for a period not to exceed six (6) months.

### 19.3 Post-Secondary Education

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 full-time student 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 Pursuit of New Opportunities or 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.

Except for 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 private for-profit and non-profit employers; government agencies; employment supported by the Work Opportunity Tax Credit and the Welfare-to-Work Tax Credit; 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 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 or Work Experience 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 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 2010 and 2020 (DBEDT Hawaii's Targeted & Emerging Industries 2021 Update Report). In 2020, there were about 43,688 jobs in the hospitals and nursing facilities. The specialty health care services saw the great growth at 6.0% between 2010 and 2020 producing about 13,358 jobs.

In accordance with P1 2011-06, Hawaii, as part of its vocational educational component, assists participants to obtain training that led 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, CNA, 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 childcare 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 UH 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 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 leads 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 WEIs are referred immediately to the FTW program.

Individuals determined to be OWEIs because of a temporary disability, substance abuse, or domestic violence crisis 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 is 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 survivors 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 subsidies, TANF recipients who are active with the FTW program, may be eligible to receive assistance 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.

#### 23.4 Work-related Expenses

FTW participants may be eligible to receive assistance for work-related expenses if the participant has received a job offer or is currently employed. FTW participants must provide verification of the expense which may include, but are not limited to, automobile down payment, automobile inspection fees, automobile repairs, motor vehicle registration, clothing, tools, equipment, and equipment repairs.

### 23.5 Public Health Nursing Services

The Department, in collaboration with the Department of Health, developed a service integration pilot that incorporates the public health nursing services into the FTW program with the goal of assisting FTW participants with their health concerns that may impede their ability to become employed and gain financial independence.

### 23.6 Bridge-To-Hope

Bridge-to-Hope is a partnership between the University of Hawaii and the Department to offer subsidized on-campus student employment for FTW participants who are enrolled full-time at any University of Hawaii campus. National research shows that having a college degree significantly increases an individual's earning capacity.

## **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, 2023.

- 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 offers 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

The Department has collaborated with the Child Support Enforcement Agency (CSEA) and Goodwill Industries of Hawaii to initiate a Non-Custodial Parent (NCP) pilot program to provide employment support and placement services for NCPs who are unemployed, underemployed, or are in arrears and have difficulty paying their child support obligation. The employment related services include the following:

- A. Employment supportive services such as job readiness training, job coaching, counseling to support job retention, and monitoring progress of placement.
- B. Placements into both subsidized and unsubsidized employment.
- C. Comprehensive employment-based assessments.
- D. Transportation assistance for employed NCP in the form of a city bus HOLO card.

Currently, the pilot program is available to all eligible NCPs on the island of Oahu.

### 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 Department of Human Services, the Department of Health, and the Department of Education (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 2015 for females between the ages of fifteen (15) and nineteen (19) years was 20.6%. In 2021, the birth rate for the same age group was 12.3%, a decrease of 8.3% within a six-year period.

The Department collaborates with private non-profit providers and 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, 2023. Services were re-procured and effective January 1, 2023.

- 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 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.
- E. Uniting Peer Learning, Integrating New Knowledge (UPLINK) is an activity based after-school program, through an agreement between DHS and 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.

- F. Pregnancy prevention services, provided by 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.
- G. Positive After-School Program, provided by the Honolulu Community Action Program, offers creative afterschool Science, Technology, Engineering, Mathematics or STEM 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.
- H. Positive Youth Development Services, provided by Parents and Children Together through the Family and Economic Opportunity Center and Teen Center, offers after-school mentoring, community service learning, recreation and sports activities, performing/visual arts activities and tutoring for children 5-18 years.
- I. Positive Youth Development and Pregnancy Prevention Services, provided by Hale Opiu Kauai, offers pregnancy prevention and family strengthening activities for youth on the island of Kauai. Positive mentoring and skill building, through after-school activities, for youth residing in the Kalihi area of Oahu are provided by Kokua Kalihi Valley.

#### 24.6 Sexual Health Education

Effective school year 2015-2016, the Hawaii Board of Education passed Policy 103.5, requiring DOE to provide sexual health education that includes education on, 1) abstinence, contraception, and prevention methods of unintended pregnancy and sexually transmitted infection including human immunodeficiency virus; 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 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 2022-2023, thirty-five (35) of the forty-three (43) public middle and intermediate schools statewide, provide the UPLINK program on their campuses.

1. Aiea Intermediate (Oahu)
2. Aliamanu Middle (Oahu)
3. Dole Middle (Oahu)
4. Ewa Makai Middle (Oahu)
5. Highlands Intermediate (Oahu)
6. Hilo Intermediate (Hawaii Island)
7. Honokaa High & Intermediate (Hawaii Island)
8. Honouliuli Middle (Oahu)
9. Iao Intermediate (Maui)
10. Ilima Intermediate (Oahu)
11. Innovations Public Charter Sch (Hawaii Isl)
12. Jarrett Middle (Oahu)
13. Kailua Intermediate (Oahu)
14. Kalakaua Middle (Oahu)
15. Kalaniana’ole Elementary & Inter (Hawaii Isl)
16. Chiefess Kamakahelei Middle (Kauai)
17. Kapolei Middle (Oahu)
18. Ka’u High & Pahala Elem (Hawaii Island)
19. Kawanakoa Middle (Oahu)
20. Keaau Middle (Hawaii Island)
21. Kealakehe Middle (Hawaii Island)
22. Keelikolani Middle (Oahu)
23. King Intermediate (Oahu)
24. Maui Waena Intermediate (Maui)
25. Molokai Middle (Molokai)
26. Nanakuli High & Inter (Oahu)
27. Pahoa High & Intern (Hawaii Island)
28. Stevenson Middle (Oahu)
29. Wahiawa Middle (Oahu)
30. Waiakea Intermediate (Hawaii Island)
31. Waialua Intermediate (Oahu)
32. Waianae High & Inter (Oahu)
33. Waimanalo Elem & Inter (Oahu)
34. Waipahu Intermediate (Oahu)
35. 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 DOE (facilitator) officials and school principals, DHS, Office of Youth Services (government), Hawaii P-20 Partnership for Education group (UH), Honolulu Police Department, After-School All-Stars Hawaii organization (service provider), Kamehameha Schools (private), Hawaii Afterschool Alliance (advocacy group), representatives from the private sector, and 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.
- 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 (IDA) 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 (NRST)

The Department recognizes non-recurrent short-term benefits as defined in 45 CFR 260.31(b)(1) that states such a benefit is 1) designed to deal with a specific crisis, or episode of need; 2) not intended to meet recurring or ongoing needs; and 4) will not extend beyond four months. When a TANF recipient family exits TANF due to earnings, one-time work-related supportive services may be issued as non-assistance. These supportive services include purchasing appropriate work attire; special clothing such as uniforms and protective wear; tools necessary for the particular occupation; travel expenses to accept a job offer; repairs to an automobile that is integral to accepting or maintaining employment; licensing and testing fees, and other one-time expenses. Non-recurrent short-term benefits may be provided to eligible needy families to obtain common household appliances, emergency food and housing placement assistance. Other examples of NRST benefits recognized by the Department include, but are not limited to crisis intervention utility payments, distribution of food, household furnishings and diapers supplies.

In response to a natural disaster or an emergency proclamation issued by the Governor, the State, at its option, may implement a program that provides NRST benefits to assist

families who may be in a specific crisis situation or have an episode of need as the result of the natural disaster or emergency proclamation. Administrative rules will be promulgated to establish the program; identify the target population; describe the eligibility criteria and requirements; and types of benefits and amounts available.

For example, due to the devastating impact of the 2023 wildfires in Maui and Hawaii Island, the Department adopted emergency [Hawaii Administrative Rules Chapter 17-803](#) and established the Maui Relief TANF Program (MRTP) for families with dependent children, who were directly impacted by the wildfires, to help with their recovery. The MRTP benefits may assist families with housing, utilities, automobile, school supplies, and clothing expenses. Families must meet the following general requirements to be eligible to receive NRST benefits under MRTP:

- A. The family unit experienced property loss or damage, or reduction in earnings or job loss as a direct result of the emergency.
- B. The family unit includes a dependent child up to the age of 24 years.
- C. U.S. citizens or meet qualified alien status as defined in section 101(a) of the Immigration and Nationality Act [8 U.S.C. §1641].
- D. The family members are residents of the state; and
- E. The family unit's gross income does not exceed 350% of the 2023 Hawaii Federal Poverty Level.

#### 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 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 FPL. The brochure may be found on the DHS website (link provided below).

<https://humanservices.hawaii.gov/bessd/files/2022/07/DHS-1464-TANF-Brochure-REV-04-2022.pdf>

### **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. SNAP.
- B. Participation with the SNAP Employment and Training Program.

- C. Child Care Subsidies.
- D. Transitional Support Services 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 – MAINTENANCE OF EFFORT (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 300% of the 2022 FPL.

- 26.1 TANF Administration: Costs associated with the administration of the TANF program including payroll and benefits, operational costs, fraud prevention and investigations, eligibility determinations, systems development and maintenance, ongoing program capacity development, and training. (State basic MOE)
- 26.2 TANF Financial Assistance Benefits: Monthly federal 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 the SEE 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 3<sup>rd</sup> 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 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 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 MOE and SSP-MOE)
- 26.9 TAONF Financial Assistance Program: Monthly state-funded financial assistance, support services, work/education/training services, childcare, transportation, and other services typically offered under the Hawaii TANF program, to legal immigrant resident families or migrants under the Compact of Free Association, who are eligible under TAONF. (State MOE)
- 26.10 Child Development and Afterschool Care: Provide full-day and full-year services outside of the Head-Start program and afterschool child care services through the Honolulu Community Action Program and DOE. (SSP-MOE and 3<sup>rd</sup> 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, and Alu Like, Inc. (SSP-MOE and 3<sup>rd</sup> 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., Child and Family Services, Catholic Charities of Hawaii, Maui Economic Opportunity, Inc., the Aloha Diaper Bank, Hawaii Children's Action Network, and the Institute for Human Services. (State MOE, SSP-MOE, and 3<sup>rd</sup> 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 MOE, SSP-MOE and 3<sup>rd</sup> 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 Education-Related Supportive Services: Student and instructional support, outreach, counseling, and resources for eligible needy families who are students at a University of Hawaii campus. (3<sup>rd</sup> Party MOE)

- 26.16 Pregnancy Prevention and Youth Development Activities: Mentoring, counseling, positive youth development activities, afterschool programs, at risk youth outreach services, and teen pregnancy prevention activities. (3<sup>rd</sup> Party MOE)
- 26.17 Family Strengthening Services: Provided by various community-based organizations including Helping Hands Hawaii, Alu Like, Inc., and Kokua Kalihi Valley Comprehensive Family Services. (3<sup>rd</sup> Party MOE)
- 26.18 Home Visiting Program: Home-based parenting and family counseling provided by the Susannah Wesley Community Center. (3<sup>rd</sup> Party MOE)
- 26.19 Domestic Violence Services: Supportive services provided to eligible families who are temporarily residing at a domestic violence shelter. Services may include counseling support, housing search and placement services, and basic needs (e.g., food and clothing). (3<sup>rd</sup> Party MOE)
- 26.20 Family Supportive Services: Supportive services to eligible individuals who are survivors of family violence or sex abuse, or families who need support during a crisis or difficult situation. Services may include individualized counseling and family group therapy not covered by Medicaid. (3<sup>rd</sup> Party MOE)
- 26.21 Homeless and Housing Placement Services: Services include, 1) emergency shelter services that include case management, counseling, and pre-housing placement assistance for eligible needy families who were temporarily residing at homeless shelters; 2) transitional shelter services for eligible needy families who were awaiting placement into long-term housing; and 3) program services include housing search assistance and housing placement services for eligible needy families who were temporarily residing at homeless shelters. (State MOE, 3<sup>rd</sup> Party MOE)
- 26.22 Treatment and Continuum of Care Services: Services provided to eligible families for continuum of care for those recovering from alcohol/substance use disorder services not covered by Medicaid. (3<sup>rd</sup> Party MOE)
- 26.23 Outreach and Shelter Services for Youth and Pregnant Mothers: Outreach services to homeless youth; temporary shelter services for pregnant mothers who are homeless or are in unsupportive environment; and homeless intervention/prevention services. (3<sup>rd</sup> Party MOE)
- 26.24 Nursing Services for TANF Recipient Families: Public nursing services for TANF work program participants through a partnership with the Department of Health Public Health Nursing Branch. Services include health assessments, referral, and health advocacy. (State MOE)



- 26.25 Legal Advocacy Services: Advocacy services for eligible families to address eviction notices, conflict with landlords/property owners, bankruptcy, child visitation rights, and temporary restraining orders. (State MOE)
- 26.26 Subsidies for Afterschool Program Fees: Subsidized program fees for full-time employed families whose children are enrolled in the Department of Education's A-Plus Afterschool Program and whose total gross income is below 300%. (State MOE)

## Part F- Historical

### 27.0 HISTORICAL

- 27.1 Hawaii's TANF program is based on the PRWORA of 1996 and the DRA 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. The TANF program, according to the 1996 welfare reform, rules were implemented when our "Pursuit of New Opportunities" (PONO) waiver expired in October 2004. Administrative rules were drafted to comply with the DRA of 2005.

- 27.2 Hawaii's project, 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 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 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 FTW program.

The Chief Executive Officer of the State of Hawaii is Governor Josh Green, M.D.

### 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

DHS is the agency responsible for the administration and supervision of the 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 of the Social Security Act, 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 TANF State Plan is available to the public via the DHS website at <https://humanservices.hawaii.gov/tanf-strategic-plans/>.

**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.

**36.0 CERTIFICATION ENACTED IN THE CONSOLIDATED APPROPRIATIONS ACT, 2022**

Pursuant to the Consolidated Appropriations Act, 2022, the State will:

- A. Establish and enforce standards and procedures to ensure that TANF applicants and potential applicants are notified of assistance made available by the State to victims of sexual harassment and survivors of domestic violence, sexual assault, or stalking.
- B. Ensure that case workers and other agency personnel responsible for administering the TANF program are trained in the nature and dynamics of

sexual harassment and domestic violence, sexual assault, and stalking; state standards and procedures relating to the prevention of, and assistance for, individuals who are victims of sexual harassment or survivors of domestic violence, sexual assault, or stalking; and methods of ascertaining and ensuring the confidentiality of personal information and documentation related to applicants for assistance and their children who have provided notice about their experiences of sexual harassment, domestic violence, sexual assault, or stalking.

- C. Enforce standards and procedures, as a State that adopted the Family Violence Option set forth in section 402(a)(7) of the Act, regarding the screening for, and identification of, domestic violence, sexual assault, or stalking, and provide information about the options available to current and potential beneficiaries and ensure that case workers and other agency personnel are provided with training regarding relevant state standards and procedures.

**CERTIFIED BY THE GOVERNOR OF HAWAII:**

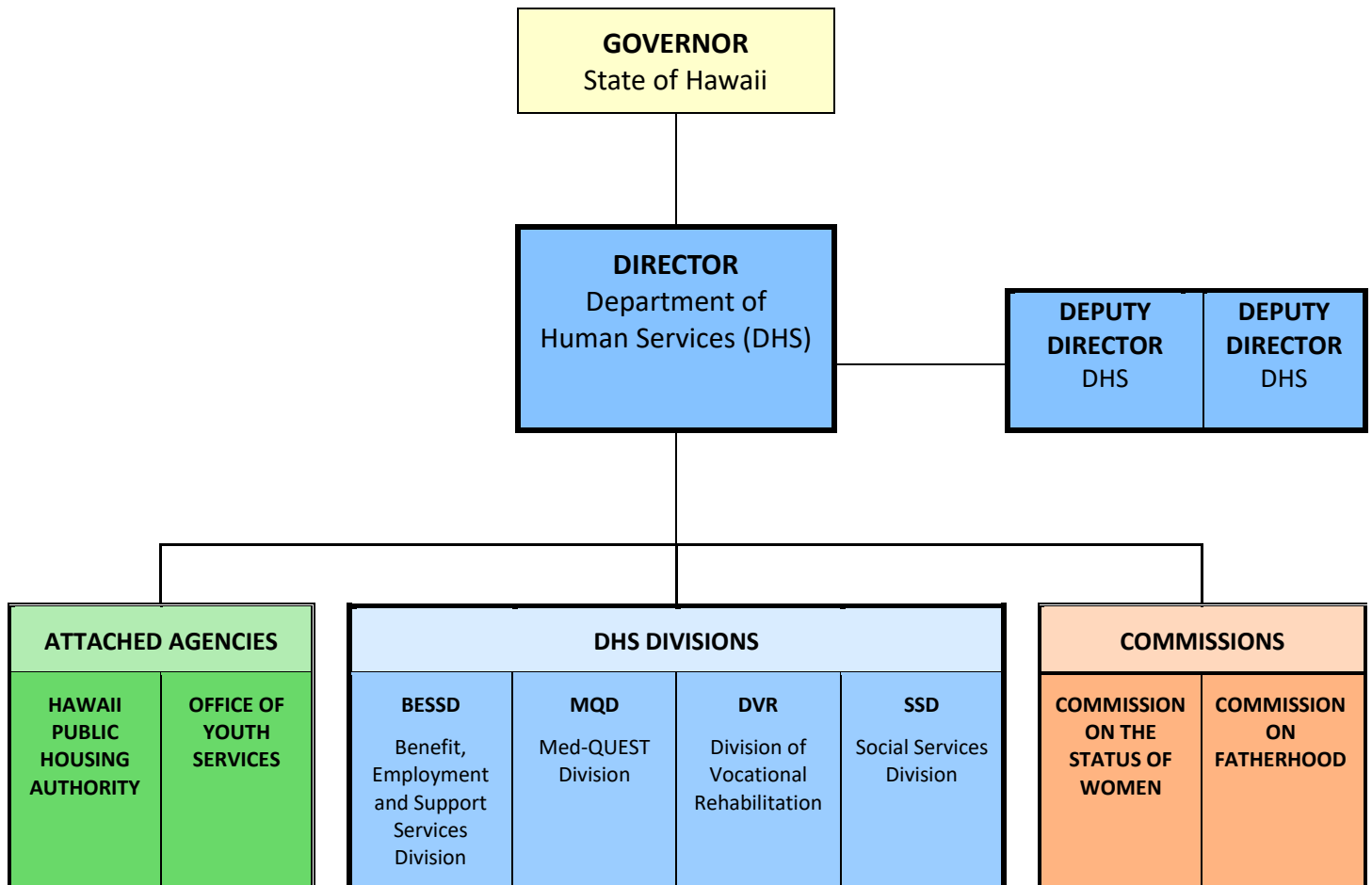
  
JOSH GREEN, M.D.                      DEC 26 2023  
\_\_\_\_\_  
DATE

## Part H- Attachments

<b>ATTACHMENT NO.</b>	<b>DOCUMENT TITLE</b>
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 Kookua EBT Card
Attachment B – 1	DHS 1259, <i>TANF Work Program Referral and Requirements</i>
Attachment B – 2	DHS 1242, <i>TANF Memorandum of Understanding (MOU)</i>
Attachment B – 3	DHS 1260, <i>TANF Self-Declaration Screening Form to Claim Domestic Violence Status</i>
Attachment C – 1	Child Care Rate Table
Attachment C – 2	DHS 736, <i>First-To-Work Program Education, Vocational Training and Work-Related Expenses</i>
Attachment C – 3	Child Care Gross Income Eligibility Limits and Sliding Fee Scale
Attachment C – 4	DHS 737, <i>First-To-Work Program One-Time Training and Work-Related Expenses for Individuals Exiting TANF Due to Employment</i>

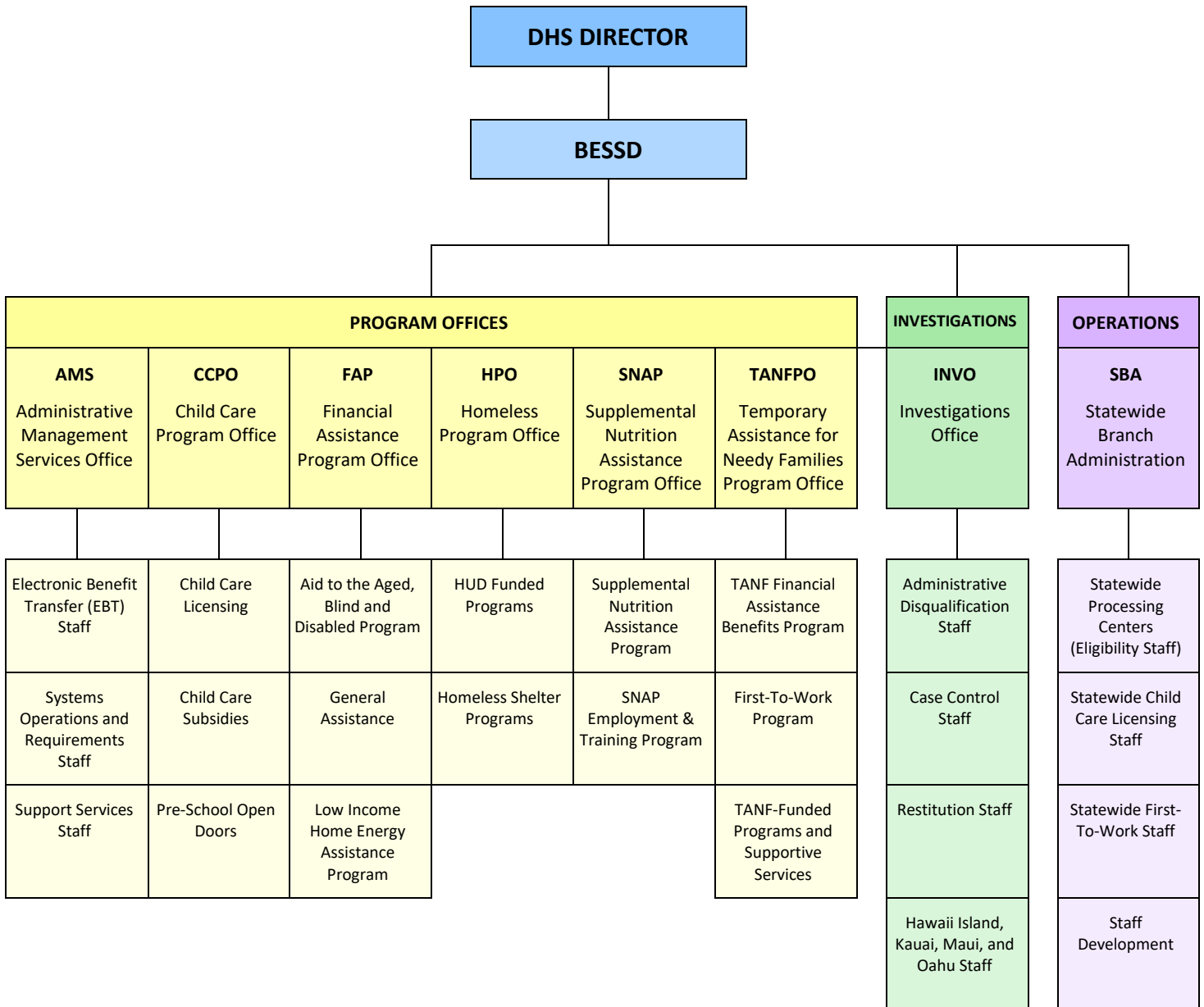
**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**

**Organizational Chart**

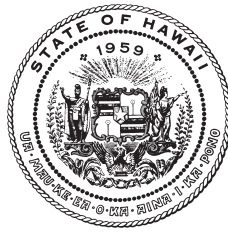


## DEPARTMENT OF HUMAN SERVICES BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION

### Organizational Chart







**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**

BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES DIVISION

**IMPORTANT INFORMATION WHEN APPLYING**  
**FOR FINANCIAL ASSISTANCE AND SUPPLEMENTAL NUTRITION**  
**ASSISTANCE PROGRAM (SNAP)**

Signatures are required on pages 1 and 11 of the application.

If any member of your household receives SNAP or Temporary Assistance for Needy Families (TANF) benefits, then all children in your household are eligible for free school meals if their school participates in the United States Department of Agriculture (USDA) meal program. Please call the child's school if you have questions regarding the School Breakfast and Lunch Program. They will be able to provide you information when:

- You think your child should get free meals but does not receive them,
- You do not want your child to get free school meals, or
- You have questions about the USDA meal programs.

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

**Apply faster online at: <https://pais-benefits.dhs.net>.**

Do you need help in another language? We will get you a free interpreter. Call <b>1-888-764-7586</b> to tell us which language you speak. (TTY: 711 or <b>1-888-764-7586</b> ).	English 
您需要其它语言吗? 如有需要, 请致电 <b>1-888-764-7586</b> 我们会提供免费翻译服务 (TTY: 711 或 <b>1-888-764-7586</b> ).	Cantonese 
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori <b>1-888-764-7586</b> omw kopwe ureni kich meni kapas ka ani. (TTY: 711 ika <b>1-888-764-7586</b> ).	Chuukese 
Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le <b>1-888-764-7586</b> pour nous indiquer quelle langue vous parlez. (TTY: 711 ou <b>1-888-764-7586</b> ).	French 
Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter <b>1-888-764-7586</b> und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 711 oder <b>1-888-764-7586</b> ).	German 
Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona <b>1-888-764-7586</b> `oe ia la kua a e ha `ina `oe ia la maua mea `olelo o na `aina `e. (TTY: 711 a <b>1-888-764-7586</b> ).	Hawaiian 
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>1-888-764-7586</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711 wenno <b>1-888-764-7586</b> ).	Ilokano 
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、 <b>1-888-764-7586</b> 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。 (TTY: 711 または <b>1-888-764-7586</b> ).	Japanese 
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. <b>1-888-764-7586</b> 로 전화해서 사용하는 언어를 알려주십시오 (TTY: 711 또는 <b>1-888-764-7586</b> ).	Korean 
您需要其它语言吗? 如有需要, 请致电 <b>1-888-764-7586</b> 我们会提供免费翻译服务 (TTY: 711 或 <b>1-888-764-7586</b> ).	Mandarin 
Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok <b>1-888-764-7586</b> im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 711 ak <b>1-888-764-7586</b> ).	Marshallese 
E te mana'oa 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 <b>1-888-764-7586</b> pea e mana'oa mia se fesosoani mo se faaliliu upu. (TTY: 711 po o le <b>1-888-764-7586</b> ).	Samoan 
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al <b>1-888-764-7586</b> y díganos que idioma habla. (TTY: 711 o <b>1-888-764-7586</b> ).	Spanish 
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa <b>1-888-764-7586</b> para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 711 o <b>1-888-764-7586</b> ).	Tagalog 
'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he <b>1-888-764-7586</b> 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: 711 pe <b>1-888-764-7586</b> ).	Tongan 
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 <b>1-888-764-7586</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711 hoặc <b>1-888-764-7586</b> ).	Vietnamese Việt Nam
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa <b>1-888-764-7586</b> aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 711 o <b>1-888-764-7586</b> ).	Visayan (Cebuano) 

**STATE OF HAWAII**

Department of Human Services

Benefits, Employment, and Support Services Division

**APPLICATION FOR FINANCIAL AND SNAP ASSISTANCE**

FOR OFFICIAL USE ONLY	
Case Name	
Case Number	
DATE SIGNED FORM RETURNED	

**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 living in a public institution and will be released within 30 days, you may file your application today, but the date of application will be the day of release from the institution.

**PLEASE PRINT CLEARLY**

<b>I am not currently receiving benefits and would like to apply for:</b>		<input type="checkbox"/> SNAP benefits		<input type="checkbox"/> Financial benefits	
<b>I am currently receiving benefits and would like to renew my:</b>		<input type="checkbox"/> SNAP benefits		<input type="checkbox"/> Financial benefits	
YOUR NAME (Last, First, M.I.)		YOUR SOCIAL SECURITY NO.		BIRTHDATE	
SPOUSE'S NAME (Last, First, M.I.)		SPOUSE'S SOCIAL SECURITY NO.		SPOUSE'S BIRTHDATE	
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRECTIONS TO YOUR HOME)		APT/SPACE NO.		CITY & STATE	
YOUR MAILING ADDRESS (IF DIFFERENT FROM THE ABOVE NUMBER AND STREET)		APT/SPACE NO.		CITY & STATE	
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:		HOW MANY CHILDREN LIVE WITH YOU?	
SIGNATURE OR MARK OF ADULT APPLICANT		DATE		SIGNATURE OR MARK OF SPOUSE OF OTHER ADULT APPLICANT	
WITNESS IF SIGNATURES ARE "X"		DATE		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.

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

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

1. HOUSEHOLD MEMBERS		SEX M/F	(*) RELATIONSHIP TO PERSON #1	BIRTHDATE MO/DAY/YR	SOCIAL SECURITY NUMBER  (42 USC 1320b-7 requires that SSN's be provided for each household member applying for assistance.)	(**) ETHNIC	(***) RACE	(****) MARITAL STATUS	YES or NO DISABLED	HIGHEST GRADE COMPLETED	NAME OF CHILD'S PARENT(S) IF NOT IN THE HOME	Was child's mother married to child's father at time of birth? (Check one)	
Last Name, First, M.I.												Yes	No
1.													
OTHER NAMES USED				AGE:									
2.													
OTHER NAMES USED				AGE:									
3.													
OTHER NAMES USED				AGE:									
4.													
OTHER NAMES USED				AGE:									
5.													
OTHER NAMES USED				AGE:									
6.													
OTHER NAMES USED				AGE:									
7.													
OTHER NAMES USED				AGE:									
8.													
OTHER NAMES USED				AGE:									

**2. HOUSEHOLD MEMBERS WHO DO NOT WANT HELP**

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

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

**3. Is anyone temporarily out of the home?**  Yes  No

Name	Date Left	Date to Return	Where Person Went

(*) Relationship Codes to Person #1:			(**) Ethnic Codes - Select only one code		(***) Marital Status Codes:	
SP - Spouse	GR - Grandparent	EX - Ex-Spouse	HI - Hispanic	(***) Race Codes - Select one or more codes below	NM - Never Married	ML - Married, Living With Spouse
PA - Parent	GC - Grandchild	SS - Step Sibling	NH - Not Hispanic		DI - Divorced	
CH - Child	NR - 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	UB - Unborn	CO - Cousin	AI - American Indian or Alaskan Native	CH - Chinese	CL - Common Law	
NN - Niece/Nephew	FC - Foster Child	SC - Step Child	HA - Hawaiian	FI - Filipino		
			SA - Samoan	OA - Other Asian		
				OP - Other Pacific Islanders		

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

**FINANCIAL APPLICANT'S REPRESENTATIVE**

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

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

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

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

**ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE**

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

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

**QUESTIONS 4 THROUGH 34 ARE TO BE ANSWERED FOR ONLY THOSE WHO ARE APPLYING FOR ASSISTANCE.**

4. Is anyone a disabled U.S. veteran or a disabled spouse or a child of a deceased U.S. veteran?  Yes  No  
 If yes, name: \_\_\_\_\_
5. Is anyone (including children) disabled?  Yes  No If yes, name of disabled person(s): \_\_\_\_\_  
 They could be eligible for Supplemental Security Income (SSI) or SSA Disability or Blindness benefits.
6. Is anyone in the household fleeing a felony warrant for arrest; a parole/probation violator; or been convicted of a Federal or State felony for possession, use or distribution of illegal drugs?  Yes  No If yes, name(s): \_\_\_\_\_
7. Has anyone in the household been found guilty of misrepresenting residence to obtain assistance in two or more states?  Yes  No  
 If yes, name(s): \_\_\_\_\_

8. CITIZENSHIP STATUS DECLARATION. One household member must certify under penalty and perjury the citizenship status of each household member. The Department of Human Services (DHS) may validate the alien status/document with the United States Citizenship and Immigration Services (USCIS), the USCIS will furnish information only as allowed by the IRCA legislation, the USCIS is not allowed to institute any adverse action against you based on the DHS inquiry, and the information received from the USCIS 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.**

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

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

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

Name	Address	Phone

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 programs?

- 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. \_\_\_\_\_

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/KEOGH Deferred Comp.				\$
						\$
						\$

**OTHER ASSETS**

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

**TRANSFER OF PROPERTY**

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, TRANSFERRING, 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: \_\_\_\_\_

**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	PENDING	SOURCE OF INCOME	PERSON WHO RECEIVES INCOME	MONTHLY AMOUNT	HOW OFTEN RECEIVED? (MONTHLY/WEEKLY)
			Social Security		\$	
			Supplemental Security Income (SSI)		\$	
			Assistance Payments from Another State		\$	
			Unemployment Benefits		\$	
			Housing Authority (HUD, Section 8), Energy Assistance		\$	
			Child Support, Alimony		\$	
			Money from friends, relatives, charities, contributions, gifts, etc.		\$	
			Blood/Plasma income		\$	
			Interest/Dividends/Royalties		\$	
			Veteran's Benefits, Railroad Retirement, other Governmental Benefits		\$	
			Retirement/Pension, Profit Sharing, Annuity Pmts.		\$	
			Temporary Disability Insurance/Worker's Compensation		\$	
			Training Allowance, Vocational Rehabilitation, JTPA		\$	
			Foster Care Payments		\$	
			Strike Pay		\$	
			Military Enlistment Bonus		\$	
			Military Allotment		\$	
			Money from land/building sales, rentals or leases (to include agreement of sales)		\$	
			Prizes, Cash, Gifts, Awards		\$	
			Insurance Settlements		\$	
			Reapplication or Appeal of a Denied Benefit (such as SSI or Unemployment benefits, etc.)		\$	
			Other (Specify)		\$	



## EARNED INCOME

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

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

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

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

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

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

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

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

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

NAME OF PERSON	EXPLAIN	DATE OF CHANGE

## COMPLETE FOR SNAP ONLY DEDUCTIBLE EXPENSES

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

### SHELTER EXPENSES

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
\$ _____	_____	\$ _____

### 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?  
 Yes     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?  
 Yes     No    If Yes, complete the following:

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

### MEDICAL EXPENSES

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
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

**(1) SOCIAL SECURITY NUMBER(SSN):**

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

**(2) YOU HAVE THE RIGHT:**

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

**(3) YOUR RESPONSIBILITIES:**

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

**SIMPLIFIED REPORTING HOUSEHOLDS**

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

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

**REPORTING CHANGES FOR ALL OTHER HOUSEHOLDS**

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

- **Unearned Income:** A change in the source of unearned income and a change of more than \$50 in the amount of unearned income, except changes related to the financial assistance grant. Examples of unearned income: Supplemental Security Income (SSI); Unemployment Compensation (UIB); Veteran's Benefits (VA); Tax Refunds; Insurance Settlements; Inheritance, gifts or contributions from relatives; dividends pensions, retirement or Social Security benefits, child support and alimony, etc.
- **Earned Income:** All changes in earned income, including starting, stopping or changing a job. Receipt of irregular earned income, for example, commissions, lump-sum 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.ebtEDGE.com](http://www.ebtEDGE.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 112 days for cash assistance accounts and for 365 days for SNAP accounts will be returned to the state.

**(4) PENALTY WARNING:**

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

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

**(5) YOUR AUTHORIZATION:**

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

**(6) ASSIGNMENTS AND AGREEMENT:**

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

**(7) SNAP PRIVACY ACT STATEMENT:**

Collection of information for this application, including the social security number (SSN) of each household member is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.

- The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP.
- Information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- If a SNAP claim arises against your household, the information on the application, including all SSNs, may be referred to Federal and State agencies, as well as to private claims collections agencies for claims collection action.
- The providing of the requested information, including the SSN of each household member, is voluntary. However, failure to provide this information will result in the denial of SNAP benefits to your household.

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

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

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

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

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

SIGNATURE	RELATIONSHIP	DATE
HOME ADDRESS	PHONE NO.	

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

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

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

PRINT ELIGIBILITY WORKER'S NAME	SIGNATURE OF ELIGIBILITY WORKER	DATE
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## State of Hawaii Processing Centers

<b>Oahu</b>	<b>Kapolei Processing Center</b> 601 Kamokila Boulevard, #117 Kapolei, Hawai'i 96707 Phone: 808-692-8384 Fax: 808-692-7783	<b>Ko'olau Processing Center- Luluku</b> 45-513 Luluku Road Kane'ohe, Hawai'i 96744 Phone: 808-233-5325 Fax: 808-233-5358	<b>Ko'olau Processing Center- Waikalua</b> 45-260 Waikalua Road Kane'ohe, Hawai'i 96744 Phone: 808-233-3621 Fax: 808-233-3620 "Drop Box Only"
	<b>KPT Processing Center</b> 1485 Linapuni Street, #122 Honolulu, Hawai'i 96819 Phone: 808-832-3800 Fax: 808-832-3392	<b>OR&amp;L Processing Center</b> 333 North King Street, #200 Honolulu, Hawai'i 96817 Phone: 808-586-8047 Fax: 808-586-8138	<b>Pohulani Processing Center</b> 677 Queen Street, #400B Honolulu, Hawai'i 96813 Phone: 808-587-5283 Fax: 808-587-5297
	<b>Wahiawa Processing Center</b> 929 Center Street Wahiawa, Hawai'i 96786 Phone: 808-622-6315 Fax: 808-622-6484	<b>Wai'anae Processing Center</b> 86-120 Farrington Highway #A103 Wai'anae, Hawai'i 96792 Phone: 808-697-7881 Fax: 808-697-7184	<b>Waipahu Processing Center</b> 94-275 Moku'ola Street, #303A Waipahu, Hawai'i 96797 Phone: 808-675-0052 Fax: 808-675-0038

<b>Maui County</b>	<b>Maui Processing Center - Lunalilo</b> 35 Lunalilo Street, #300 Wailuku, Hawai'i 96793 Phone: 808-243-5110 Fax: 808-243-5114	<b>Maui Processing Center - State Building</b> 54 High St. #125 Wailuku, Hawai'i 96793 Phone: 808-984-8300 Fax: 808-984-8333
	<b>Lanai Sub-Unit</b> 730 Lana'i Avenue Lana'i City, Hawai'i 96763 Phone: 808-565-7102 Fax: 808-565-6460 Mailing Address: PO Box 631374 Lana'i City, Hawai'i 96763	<b>Molokai Unit</b> 55 Maka'ena Place #1 Kaunakakai, Hawai'i 96748 Phone: 808-553-1715 Fax: 808-553-1720 Mailing Address: PO Box 70 Kaunakakai, Hawai'i 96748

<b>Hawaii Island</b>	<b>North Hilo Unit</b> Waiakea Kai Plaza 88 Kanoelehua Avenue, Suite A204 Hilo, Hawaii 96720 Phone: 808-933-0331 Fax: 808-933-8856	<b>South Hilo Unit</b> Kino'ole Plaza 1990 Kino'ole Street, #108 Hilo, Hawai'i 96720 Phone: 808-981-2754 Fax: 808-981-2819	<b>Kamuela-Hamakua Unit</b> State Office Building 1, #110 45-3380 Mamane Street Honoka'a, Hawai'i 96727 Phone: 808-775-8854 Fax: 808-775-8858
	<b>Ka'u Sub-Unit</b> Na'alehu Civic Center 95-5669 Mamalahoa Hwy. Na'alehu, Hawai'i 96772 Phone: 808-939-2421 Fax: 808-929-9500 Mailing Address: PO Box 6 Na'alehu, Hawai'i 96772	<b>South Kona Unit</b> Captain Cook Civic Center 82-6130 Mamalahoa Hwy. Bldg. 2 Captain Cook, Hawai'i 96704 Phone: 808-323-7573 Fax: 808-323-4549 Mailing Address: PO Box 225 Captain Cook, Hawai'i 96704	<b>Kohala Sub-Unit</b> State Office Building 54-3900 'Akoni Pule Hwy. Kapa'au, Hawai'i 96755 Phone: 808-889-7141 Fax: 808-889-7132 Mailing Address: PO Box 249 Kapa'au, HI 96755
	<b>North Kona Unit</b> 75-5722 Hanama Pl., Ste. 1105 Kailua-Kona, Hawai'i 96740 Phone: 808-327-4980 Fax: 808-327-4684		

<b>Kauai</b>	<b>Kaua'i Processing Center</b> Former Lihu'e Courthouse Building 3059 'Umi Street, #A110 Lihu'e, Hawai'i 96766 Phone: 808-274-3371 Fax: 808-335-8446
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**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?

- Already registered** I am registered to vote at my current residence address.
- YES** I would like to register to vote. (Please fill out the *Voter Registration Application*.)
- NO** I do not want to register to vote.

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

**Important Notices**

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 application, we will help you. The decision to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Office of Elections by phone (808) 453-VOTE (8683) or toll free at 1-800-442-VOTE (8683) or by mail to Office of Elections, 802 Lehua Avenue, Pearl City, Hawaii 96782.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use  
Only

Applicant declined to sign questionnaire

State Agency ID: A017

**Estado ti Hawaii**

**Listaan Dagiti Saludsod iti Babaen ti Linteg ti Nailian a Rehistrasion ti Botante**

No saanka a rehistrado nga agbotos iti lugar a pagnaedam ita, kayatmo kadi ti agaplikar nga agparehistro a kas botante iti daytoy a lugar ita met laeng?

- Nakapagparehistroakon**      Rehistradoak nga agbotos iti agdama nga adres ti residensiak.
- Wen**      Kayatko ti agparehistro nga agbotos. (Kompletuen ti Aplikasion ti Rehistrasion ti Botante.)
- Saan**      Diak kayat ti agparehistro nga agbotos.

**No awan ti tsekam a kahon, maikonsiderarka nga inkeddengmo ti saan nga agparehistro nga agbotos iti daytoy a gundaway.**

**Napateg a Pakaammo**

Ti panagaplikar nga agparehistro wenno panagkedked nga agparehistro tapno makapagbotos ket saan a makaapektar iti kaadu ti tulong a maipaay kenka daytoy nga ahensia.

No kasapulam ti tulong iti panangkompletom iti aplikasion ti rehistrasion ti botante, tulongandaka. Ti desision nga agkiddaw wenno umawat iti tulong ket agpannurray kenka. Mabalnmo a kompletuen ti aplikasion a siksika.

No patiem nga adda nangbiang iti kalintegam nga agparehistro wenno agkedked nga agparehistro nga agbotos, wenno iti karbengam iti kinapribado (privacy) iti panangikeddeng no agparehistroka wenno iti panagaplikarmo nga agparehistro nga agbotos, mabalnmo ti mangipila iti reklamo iti Opisina Dagiti Eleksion (Office of Elections) babaen ti yaawagmo iti (808) 453-VOTE (8683) wenno iti libre a pagawagan (toll free) iti 1-800-442-VOTE (8683) wenno babaen ti koreo iti Office of Elections, 802 Lehua Avenue, Pearl City, Hawaii 96782.

\_\_\_\_\_  
Iprinta ti Nagan

\_\_\_\_\_  
Pirma

\_\_\_\_\_  
Petsa

Office Use Only	<input type="checkbox"/> Applicant declined to sign questionnaire	State Agency ID: A017
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**夏威夷州  
全國選民登記法問卷**

如果您沒有在現居地登記投票，今天要在此申請登記投票嗎？

- 已經登記**      我已在我目前的居住地址登記投票。
- 是**              我想登記投票。（請填寫選民登記申請表。）
- 否**              我不想登記投票。

**如果您沒有勾選，將被視為決定此次不登記投票。**

**重要通知**

申請登記或拒絕登記投票都不會影響該機構將提供給您的援助金額。

如果您需要幫忙填寫選民登記申請表，我們將提供您協助。您可自行決定是否尋求或接受幫忙。您可以私下填寫申請表。

如果您認為有人干涉了登記或拒絕登記投票的權利，或是決定是否登記或申請登記投票時的隱私權，您可以撥打電話向選舉辦公室提出申訴（808）453-VOTE (8683) 或免費電話 1-800-442-VOTE (8683) 或郵寄至 96782 夏威夷珍珠城 Lehua Avenue 802 號的選舉辦公室

\_\_\_\_\_  
正楷姓名

\_\_\_\_\_  
簽名

\_\_\_\_\_  
日期

Office Use  
Only

Applicant declined to sign questionnaire

State Agency ID: A017

Please print clearly in black ink.

Register online at [elections.hawaii.gov](http://elections.hawaii.gov)

**1** Do you meet these qualifications:

Are you a citizen of the United States of America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>The residence stated in this affidavit is not simply because of my presence in the State, but was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein.</b>
Are you at least 16 years of age? (Must be 18 to vote)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a resident of the State of Hawaii?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered "No" to any of the above, DO NOT complete this form.

**2** Last Name  First Name  M.I.  Suffix (Jr., II)

**3** HI Driver License or HI State ID Number   
If you do not have either, complete box 3b.

**3b**  I do not have a HI Driver License or HI State ID. Provide the last 4 digits of your Social Security Number.

I do not have a HI Driver License, HI State ID, or SSN

**4** Date of Birth  Phone Number  Email

**5** If you are disabled and unable to read standard print, would you like to receive an electronic ballot?

Yes. I am disabled and unable to read standard print and would like to request an electronic ballot be sent to my email indicated on this application. **Applicant must provide an email address to receive an electronic ballot.**

**6** Residence Address (P.O. Box, R.R., S.R., are not acceptable)  Apt. Number  City  Zip Code

Mailing Address in Hawaii  Same as Residence Address  Apt. Number  City  Zip Code

If your residence does not have a street address, describe the location (cross streets, landmarks).

**7** Are you registered to vote in another state?  Yes. I hereby authorize cancellation of my previous registration at the following address, county, state, and zip code.

**Warning: Any person who knowingly furnishes false information may be guilty of a Class C felony.**  
I hereby swear (or affirm) that all information furnished on this application is true and correct.



**8**  Date

If you are unable to sign, mark the signature line and have a witness provide their signature, address, and phone number.

<b>OFFICE USE ONLY</b>	ID Number <b>A017</b>	Location Code <input type="text"/>	Document Number <input type="text"/>	
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Notice: The identity of the voter registration agency through which any voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

## HAWAII VOTES BY MAIL

All registered voters will be automatically sent a ballot to their mailing address in Hawaii associated with their voter registration.

### FIRST TIME VOTER MAILING THIS APPLICATION

If you are registering to vote for the first time in the State of Hawaii, mailing this application, and do not have a Hawaii Driver License, Hawaii State ID, or the last 4-digits of your Social Security Number, you are required 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.

### SUBMITTING YOUR APPLICATION

<b>County of Hawaii</b>	<b>County of Kauai</b>
25 Aupuni St. #1502	4386 Rice St. #101
Hilo, HI 96720	Lihue, HI 96766
<b>County of Maui</b>	<b>City &amp; County of Honolulu</b>
200 S. High St.	530 S. King St. #100
Wailuku, HI 96793	Honolulu, HI 96813

### LANGUAGE ASSISTANCE


Para kadagiti naipatarus a materiales a mainaig iti eleksion wenno tulong iti lengguahe tapno makompletoyo daytoy nga aplikasion, awagan ti Opisina Dagiti Eleksion (Office of Elections). 若 想 獲 得 電 子 檔 的 翻 譯 材 料 ， 或 者 需 要 協 助 填 表 事 宜 ， 請 聯 繫 選 舉 辦 公 室 (Office of Elections).

### CONTACT US

For information about registering to vote, contact your **County Elections Division**.

**County of Hawaii**.....(808) 961-8277  
**County of Maui**.....(808) 270-7749  
**County of Kauai**.....(808) 241-4800  
**City & County of Honolulu**.....(808) 768-3800

For additional voting information, contact the **Office of Elections**.

(808) 453-VOTE (8683)  
Toll Free: 1-800-442-VOTE (8683)  
 TTY: (808) 453-6150  
Toll Free TTY: 1-800-345-5915

Email: [elections@hawaii.gov](mailto:elections@hawaii.gov)  
Website: [elections.hawaii.gov](http://elections.hawaii.gov)

# Voter Registration Application

This application can be used for:

- First time registration
- Name change
- Address change
- Signature update

**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 does not 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 = \$0.32

**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](http://www.ebtEDGE.com)**

**Customer Service**

1-888-328-4292

TTY users dial 711

or call 877-447-5990

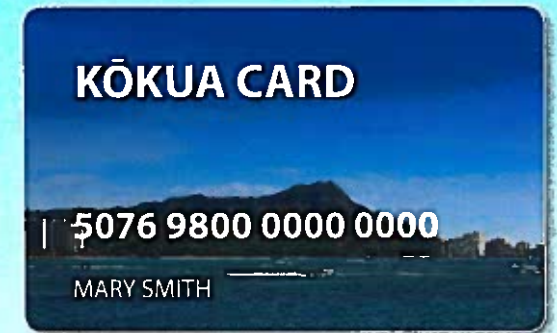
**Misuse of your Kōkua EBT Card is unlawful, please use your card wisely!**

**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.

# How to Use Your Kōkua EBT Card



**For account information, visit [www.ebtEDGE.com](http://www.ebtEDGE.com)**

**Customer Service**

1-888-328-4292

TTY: dial 711, or call 877-447-5990

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

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

- buy selected food items at any participating store

If you qualify for Cash benefits, you can use your Kōkua 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 KŌKUA EBT CARD AT THE GROCERY STORE

1. Know your balance before you go shopping.
2. Swipe your Kōkua EBT Card through the Point-Of-Sale (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 \*\*\*\*.
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 both food and non-food items (soap, diapers, etc.). Stores may also provide cash back when you make a purchase from your Cash account. Ask the clerk or store manager about the store's cash back policy.



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

For a withdrawal of Cash benefits ONLY, SNAP benefits cannot be accessed through the ATM.

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

It may take several transactions to withdraw all of your Cash benefits from an ATM if the machine has a limit on the amount of cash you can withdraw each time. A transaction fee of 32 cents for each withdrawal may be automatically deducted from your account balance, in addition to any bank surcharges.

#### HAWAII EBT QUESTIONS AND ANSWERS

##### How do I get my benefits with the Kōkua EBT Card?

Each month your benefits will automatically be added to your account. You will use the same Kōkua 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 Kōkua EBT Card. All benefits are available after 7:00 a.m. Hawaii Time.

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

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

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

##### Where can I use my Kōkua EBT Card?

You can use your Kōkua 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 performers disrobe or perform in an unclothed 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 Kōkua EBT Card is lost, stolen or damaged and you need a replacement card, call Customer Service toll-free at 1-888-328-4292.

##### What is my card number?

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

##### What if my card won't work?

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

##### What if there is an incorrect transaction on my account?

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

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

#### How do I take care of my card? Attachment A-3 Page 2 of 2

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 Kōkua EBT Card. You can select your PIN on the Internet at [www.ebtEDGE.com](http://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](http://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 the ATM keeps your card, contact Customer Service.

Remember, you can change your PIN at any time on the Internet at [www.ebtEDGE.com](http://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](http://www.ebtEDGE.com) and select a new PIN.

##### How will I know my account balance?

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

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)  
WORK PROGRAM REFERRAL AND REQUIREMENTS**

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Name of Applicant / Recipient

Case Number

Processing Center

Date

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**This form explains the referral and work program requirements of the TANF Program. The work program will help you and your family to move from receiving financial benefits to employment. Please read this form and keep for your records. If there are any questions regarding this form, please call the *Public Assistance Information Line at 1-855-643-1643*.**

**PURPOSE:** The TANF Program has work participation requirements, as a condition of eligibility for recipients who can work, as well as vocational rehabilitation services for recipients who may be temporarily unable to work. Recipients who can work will be referred to the First-To-Work (FTW) Program and will need to participate and meet participation requirements. Recipients who are unable to work full-time (at least 30 hours per week) will be referred to the FTW Vocational Rehabilitation (FTW-VR) office to receive services to help remove the temporary barriers. The FTW Program helps recipients to prepare for and find employment; assists with rehabilitation and treatment services; and pay for child care, transportation costs and other expenses while participating in the FTW Program.

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**PART I – NON-WORK ELIGIBLE INDIVIDUALS:** If any of the following reasons prevent you from working, you will not need to participate with the FTW Program. When you no longer meet any of the following conditions, you will need to participate with the FTW Program.

- 1) You are a single parent caring for your child who is under six (6) months old and have not used the lifetime exemption limit of twelve (12) months.
- 2) You are a parent caring for an ill or disabled family member living in your home, supported by medical documentation.
- 3) You are not applying for help for yourself but are applying for help for child(ren) that is not your own (non-needy caretaker).

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**PART II – OTHER WORK ELIGIBLE INDIVIDUALS:** If you feel that you are unable to work because you are disabled, receiving treatment for substance abuse disorder, or currently in a domestic violence crisis, you will be referred to the FTW-VR office as a condition of eligibility for financial benefits. You will be asked to submit verification if your family meets one of the following and must be certified by department authorized providers.

- 1) You have been disabled for thirty (30) days or more and cannot work.
- 2) You recently or currently in a domestic violence situation and cannot work.
- 3) You are sixty-five (65) years of age or over.

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**PART III – PENALTIES FOR NON-COMPLIANCE:** If you do not meet any of the criteria listed in Part I above, you must participate with the FTW Program. Participation with the FTW Program includes keeping appointments and completing work activities in your Employment Plan. If you do not complete your activities or refuse to participate without good cause, your family's financial benefits will stop. The following are the sanction (disqualification) periods:

FIRST SANCTION: Family will not be eligible until you reapply for benefits.

SECOND SANCTION: Family will not be eligible for a minimum of two (2) months; and

THIRD AND SUBSEQUENT SANCTIONS: Family will not be eligible for a minimum of three (3) months.

*Auth: Hawaii Administrative Rules Chapters 17-656.1 and 17-794.1*

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)  
**Memorandum of Understanding (MOU)**

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Name of Applicant / Recipient

Case Number

Processing Center

Date

**This MOU explains the requirements of the TANF Program. Please read this MOU and keep for your records. If you have any questions regarding this MOU, please call the *Public Assistance Information Line at 1-855-643-1643*.**

1. Applicants of financial benefits through the TANF Program must attend an orientation session with the First-To-Work (FTW) Program and meet one week of participation requirements, within a three (3) week period, before the first financial benefits will be issued.
2. An able-bodied adult who does not have a child under six (6) months old or is not caring for an ill or disabled family member, will be referred to the FTW Program. The FTW Program helps families to prepare for and to become employed. Program requirements must be met, or the family will not be eligible for financial benefits.
3. If physical or mental disability or domestic violence prevents an adult family member from working, a referral will be made to the First-To-Work Vocational Rehabilitation (FTW-VR) office. The family will need to participate in the FTW-VR program and services. FTW-VR provides case management services, monitors treatment services, provides services to address domestic violence, provides specialized employment services, or other services.
4. Families may receive up to sixty (60) months of benefits, in a lifetime, if there is at least one (1) adult in the family who is able-bodied and can work.
5. The financial benefits received by a family will be reduced by 20% in the third (3<sup>rd</sup>) full month after the application interview if there is at least one (1) adult in the family who is able-bodied. This 20% benefit reduction will continue until the family receives sixty (60) months of benefits.
6. If a family member is employed, the department will apply allowable deductions so less of your family's earnings will be counted towards determining your family's benefits. If your family's calculated net income does not exceed the 100% of the standard of need for your family size, your family will continue to be eligible for financial benefits or no-fault automobile insurance.
7. If child(ren) receives financial benefits but the adult(s) are not eligible, the adult(s) may still be required to participate in the FTW Program and meet program requirements as a condition of eligibility for the family.
8. If an adult in the family or any other member decides to go to school, the family will still be subject to the 60-month time limit and the 20% benefit reduction, but any educational loans, grants or scholarships received will not count in determining eligibility and financial benefits.
9. If an independent minor parent is receiving financial benefits with their own child(ren), the family will continue to be eligible for financial assistance if the minor parent stays in school and completes high school education or equivalency. Minor parents will be subjected to the five (5) year time limit, but the financial assistance benefits will not be reduced by 20% so long as the minor parent is in high school or equivalent.
10. Children in the family who are between sixteen (16) and eighteen (18) years old and not attending high school, must participate with the FTW Program.
11. While employed or participating with the FTW Program, a family may request help with childcare costs.

*Auth: Hawaii Administrative Rules, Section 17-647-54.1, and Chapters 17-656.1 and 17-794.1*

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM  
SELF-DECLARATION SCREENING FORM TO CLAIM DOMESTIC VIOLENCE STATUS

**I. DOMESTIC VIOLENCE (DV) STATUS:** A family, who has at least one (1) member determined to be a DV survivor by the Department’s domestic violence advocacy (DVA) service provider, shall be eligible for DV status. The DV status shall be for a period of six (6) months and shall exempt the family from the five (5) year time limit and the 20% benefit reduction. In certain situations, the DV status may be extended for an additional six (6) month period.

The family must comply with the DVA services and participation with the First-To-Work (FTW) program as a condition of eligibility. Failure to cooperate with DVA services and/or with the FTW program will result in the denial of the DV status and/or termination of the family’s financial assistance benefits.

**II. DV STATUS CRITERIA:** Please answer the following questions.

YES NO

- 1. Are you working 20 hour or more each week?  YES  NO
- 2. Are you attending school for more than 6 credit hours each week?  YES  NO
- 3. Is it difficult for you to go to work or attend school due to DV situation(s)?  YES  NO
- 4. What is your relationship to the alleged perpetrator? \_\_\_\_\_
- 5. Which of the following protective actions have you taken as the result of DV situation(s) involving the perpetrator?
  - a) I have a current court order protecting me or a member of my family from the alleged perpetrator.
  - b) I am a party to a pending divorce or custody action which involves issues of current or past DV situation(s).
  - c) Within the past 12 months, I have stayed in a DV shelter.
  - d) Within the past 12 months, I had to stay with a friend or relative to escape from a DV situation and my friend or relative is willing to provide a written statement attesting to the DV situation.
  - e) Within the past 12 months, I or a member of my family is a survivor of a DV situation which resulted in the arrest, arraignment, or conviction of the alleged perpetrator.
  - f) Within the past 12 months, I or a member of my family received inpatient or outpatient treatment for psychological, physical, or emotional abuse as the result of a DV situation.
  - g) Within the past 12 months, I or a member of my family was hospitalized or received emergency room treatment for medical or psychological injuries resulting from a DV situation.
  - h) Within the past 12 months, the alleged perpetrator threatened me or a family member with death or grievous bodily harm.

**III. APPOINTMENT WITH THE DVA SERVICE PROVIDER:**

Your DVA appointment is scheduled on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bring this form with you to the appointment and any of the supporting documents listed below to support your claim. If it is unsafe, the Department may send this form directly to the DVA service provider. If you need to reschedule this appointment, please call the DVA service provider above.

**IV. SUPPORTING DOCUMENTS:** You will need to provide supporting documents to the DVA service provider so determination can be made whether your family is eligible for the DV status. The following are examples of supporting documents that you can provide:

- 1. Court documents
- 2. Police reports/records
- 3. Letter/verification from a DV service provider
- 4. Medical records, discharge documents
- 5. Written statement from your friend or relative with whom you sought shelter to escape from a DV situation

You will be informed by the DVA service provider of the decision after your scheduled appointment.

**NOTE: If you do not want this written decision or any other DV information to be mailed to your home, please advise your DHS worker.**  **DO NOT MAIL THIS TO MY HOME.**

**V. ATTESTATION AND CLAIM:** I have read this notice and understand the information it provides. I would like to claim the DV status. I agree to submit any necessary supporting documents to the DVA service provider.

Print Applicant/Recipient Name	Signature	Date	Case Number
Applicant/Recipient Mailing Address		Phone Number	
Name of Referring DHS Office	Mailing Address	Phone Number	Fax Number

**FOR DVA SERVICE PROVIDER USE ONLY.**

Supporting Documents Received:

- 1. Client’s supporting document(s) confirm the DV claim per the Department’s established criteria. The request is approved for the period from \_\_\_\_\_ to \_\_\_\_\_.
- 2. Client failed to submit document(s) to support the DV claim. The request for the DV status is denied.
- 3. Client submitted document(s) but the document(s) do not establish DV status per the Department’s criteria.
- 4. The request for the DV status is denied because:

Name of DVA Advocate	Signature	Date	Phone Number
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**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM  
NOTICE OF REQUIREMENT TO COOPERATE WITH CHILD SUPPORT ENFORCEMENT AGENCY  
AND RIGHT TO CLAIM GOOD CAUSE**

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Name of Applicant / Recipient

Case Number

Processing Center

Date

**This notice explains the requirement for families to cooperate in obtaining child and/or spousal support for you and your child(ren), and the right to claim good cause for not cooperating with this requirement. Please read this notice and keep for your records. If there are any questions regarding this notice, please call the *Public Assistance Information Line* at 1-855-643-1643.**

**BENEFITS OF CHILD SUPPORT ENFORCEMENT**

Your cooperation to obtain child support from your child(ren)'s absent parent may be important to you and your child(ren) because it may help to:

- 1) Locate the absent parent;
- 2) Establish paternity;
- 3) Set up child support payments;
- 4) Determine rights to future Social Security, veterans or other government benefits; and/or
- 5) Establish medical coverage for your child(ren) from the absent parent.

**COOPERATION WITH CHILD SUPPORT ENFORCEMENT AGENCY**

In accordance with federal laws and as a condition of eligibility, your family is required to cooperate to obtain any support owed to you and your child(ren) for whom you want financial benefits unless you have good cause not to do so. Cooperating with the Child Support Enforcement Agency, you may be asked to do one or more of the following:

- 1) Identify the absent parent of any child applying for or receiving financial benefits and give information to help locate the absent parent;
- 2) Establish paternity if your child(ren) were born out of wedlock;
- 3) Help to obtain financial support and medical coverage owed to you and/or your child(ren) who are receiving assistance, including any past due child support; and
- 4) Reimburse the State any money given directly to you by the absent parent as you continue to receive your eligible financial benefit amount.

You may be required to go to the appropriate Child Support Enforcement Agency office in-person to sign papers and/or provide necessary information.

**GOOD CAUSE**

You may have good cause not to cooperate in the State's efforts to obtain child/spousal support and medical coverage. You may be excused from cooperating if you believe that it would not be in the best interest of your family and if you can provide evidence to support this claim.

**NON-COOPERATION WITHOUT GOOD CAUSE**

If you refuse to cooperate without good cause, your entire family will be ineligible for financial benefits.

**GOOD CAUSE CLAIM**

If you want to claim good cause:

- 1) You must inform the Processing Center whenever you think you have good cause not to cooperate; and
- 2) You must be given a second notice explaining the circumstances under which the eligibility worker may find good cause and the type of evidence or other information needed to justify your claim of good cause.

*Auth: Hawaii Administrative Rules, Chapter 17-653, and Sections 17-656.1-8, 17-656.1-11, and 17-676-32*

## CHILD CARE RATE TABLE

Type of Care	Full-Time Care	Part Time Care
<b>Licensed Center-Based Infant/Toddler Care</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$1,733	\$1,733
<b>NAEYC Accredited*, NECPA Accredited, or Hawaiian Medium Center-Based Care</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$980	\$980
<b>Licensed Center-Based or Group Child Care Home</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$795	\$795
<b>NAFCC Accredited^ Family Child Care Home Infant/Toddler Care</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$750	\$750
<b>NAFCC Accredited^ Family Child Care Home**</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$700	\$700
<b>Registered Family Child Care Home Infant/Toddler Care</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$650	\$362
<b>Registered Family Child Care Home **</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$600	\$334
<b>Legally Exempt Relative and Non-Relative Infant/Toddler Care</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$400	\$223
<b>Legally Exempt Relative, Non-Relative, and Center-Based Care **</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$350	\$195
<b>Licensed School-Age Intersession/Summer Care</b>	87 Monthly Hours or more	1-86 Monthly Hours
	\$450	\$350
<b>Licensed Before School Care / After School Care</b>	45+ Monthly Hours	1-44 Monthly Hours
	\$155	\$86
<b>Legally Exempt Before School Care / After School Care</b>	45+ Monthly Hours	1-44 Monthly Hours
	\$120	\$61

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

Department of Human Services  
Benefit, Employment and Support Services Division  
January 2, 2020

First-To-Work Program  
**EDUCATION, VOCATIONAL TRAINING AND WORK-RELATED EXPENSES**

Expenses over the limits requires approval and may not be incurred prior to obtaining the approval of the Assistant Division Administrator. Requests shall be submitted in writing, via ICF, through proper channels.

Reference: FTW Operational Procedure No. 12-101

<b>Type of Expense</b>	<b>Maximum</b>
Automobile Down Payment (may be used as full payment)	\$1,000
Automobile Inspection Fees (e.g. safety check, inspection prior to purchase, etc.)	\$500
Auto Repair (includes tires, batteries, key replacement, tow to repair shop)	\$1,000
Beauty, Cosmetics, Grooming Expenses (e.g. haircut, basic makeup, etc.)	\$100
Books, Manuals	\$500
Certificate and License	\$300
Clothing – Other (e.g. uniforms, professional attire, etc.)	\$250
Clothing – Protective (e.g. steel-toe shoes, headgear, coats, etc.)	\$350
Dental Expenses Not Covered by Medicaid	\$2,000
Equipment Repairs (e.g. fishing boat, sewing machine, etc.)	\$1,000
Exam Fees	\$300
Eyewear Not Covered by Medicaid (e.g. prescription or reading glasses, contact lens, etc.)	\$300
Government-Issued Identification (e.g. passport, state ID, driver’s license)	\$300
Medical Expenses Not Covered by Medicaid	\$2,000
Mobile Phone (device only)	\$250
Motor Vehicle Registration Fee	\$400
Technological Equipment (e.g. computer, printer, point-of-sale device, etc.)	\$750
Tools, Furniture, Equipment, Supplies	\$500
Towing Fees, Impound/Storage Fees (to release automobile)	\$400
Tuition, Registration Fee (not eligible for financial aid)	\$2,500
Travel Expense (to accept a job offer)	\$1,000
Union Dues, Membership Fees	\$500

**Child Care  
Gross Income Eligibility Limits and Sliding Fee Scale**

Family Size	Income Eligibility Limit	0-100% FPG	101%-115% FPG	116%-130% FPG	131%-145% FPG	146%-160% FPG	161%-175% FPG	176%-190% FPG	191%-205% FPG	206%-230% FPG	231% FPG – elig. limit
		0% family co-pay	1% family co-pay	2% family co-pay	3% family co-pay	4% family co-pay	5% family co-pay	6% family co-pay	7% family co-pay	8% family co-pay	9% family co-pay
1	3,632	1,198	1,377	1,557	1,737	1,916	2,096	2,276	2,455	2,755	3,632
2	4,749	1,621	1,864	2,107	2,350	2,593	2,836	3,079	3,323	3,728	4,749
3	5,867	2,045	2,351	2,658	2,965	3,272	3,578	3,885	4,192	4,703	5,867
4	6,985	2,468	2,838	3,208	3,578	3,948	4,319	4,689	5,059	5,676	6,985
5	8,102	2,891	3,324	3,758	4,191	4,625	5,059	5,492	5,926	6,649	8,102
6	9,220	3,315	3,812	4,309	4,806	5,304	5,801	6,298	6,795	7,624	9,220
7	9,429	3,738	4,298	4,859	5,420	5,980	6,541	7,102	7,662	8,597	9,429
8	9,639	4,161	4,785	5,409	6,033	6,657	7,281	7,905	8,530	9,570	9,639
9	9,848	4,585	5,272	5,960	6,648	7,336	8,023	8,711	9,399	9,848	-
10	10,058	5,008	5,759	6,510	7,261	8,012	8,764	9,515	10,058	-	-
11	10,267	5,431	6,245	7,060	7,874	8,689	9,504	10,267	-	-	-
12	10,477	5,855	6,733	7,611	8,489	9,368	10,246	10,477	-	-	-
13	10,687	6,278	7,219	8,161	9,103	10,044	10,687	-	-	-	-
14	10,896	6,701	7,706	8,711	9,716	10,721	10,896	-	-	-	-
15	11,106	7,125	8,193	9,262	10,331	11,106	-	-	-	-	-
For each add'l, add	209	423	486	549	613	209	-	-	-	-	-

## 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.

Department of Human Services  
Benefit, Employment and Support Services Division  
January 2, 2020

EXHIBIT II

2

First-To-Work Program  
**ONE-TIME TRAINING AND WORK-RELATED EXPENSES  
FOR INDIVIDUALS EXITING TANF DUE TO EMPLOYMENT**

Expenses over the limits requires approval and may not be incurred prior to obtaining the approval of the Division Administrator. Requests shall be submitted in writing, via ICF, through proper channels.

Reference: FTW Operational Procedure No. 12-101

<b>Type of Expense</b>	<b>Maximum</b>
Automobile Down Payment (may be used as full payment)	\$1,500
Automobile Inspection Fees (e.g. safety check, inspection prior to purchase, etc.)	\$500
Auto Repair (includes tires, batteries, key replacement, tow to repair shop)	\$1,500
Beauty, Cosmetic, Grooming Expenses (e.g. haircut, basic make-up)	\$100
Books, Manuals	\$1,000
Certificate, License	\$500
Clothing – Other (e.g. uniforms, professional apparel, etc.)	\$300
Clothing – Protective (e.g. steel-toe shoes, headgear, coats, etc.)	\$1,000
Equipment Repairs (e.g. fishing boat, sewing machine, etc.)	\$1,500
Exam (Test) Fees	\$500
Eyewear Not Covered by Medicaid (e.g. prescription glasses, contact lens, etc.)	\$300
Government-Issued Identification (e.g. passport, state ID, driver’s license)	\$300
Mobile Phone (device only)	\$250
Motor Vehicle Registration Fee	\$400
Technological Equipment (e.g. laptop computer, printer, point-of-sale device, etc.)	\$1,000
Tools, Furniture, Equipment, Supplies	\$1,500
Towing Fees, Impound/Storage Fees (to release automobile)	\$500
Tuition, Registration Fee for Short-Term Training (not eligible for financial aid)	\$2,500
Union Dues, Membership Fees	\$1,000