

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES  
STATE PLAN**

**October 1, 2025**

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 financial 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 financially independent.

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

- A. Welfare is temporary and not a way of life.
- B. Parents, not government, are responsible for the support and maintenance of their children's well-being.
- C. Parents who are able to work, must work.
- D. 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 incentives and adverse actions to challenge applicants and recipients to move away from welfare dependency and toward a future of financial self-reliance. The adverse actions include the sixty-month 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; disregard of assets and resources; exclusion of all educational loans, grants, and scholarships; and increased earned income disregards so that a family remains eligible for financial assistance until their gross income exceeds 185% of the federal poverty guideline (FPG) or their net earned income exceeds 62% of the FPG by household size (Note: Hawaii's FPG is legislatively capped at the FPG for 2006).

## 2.0 PROGRAM ADMINISTRATION

### The State 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 Office**

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

### **4.0 PROGRAM IMPLEMENTATION**

#### **4.1 Processing Centers**

Applications for TANF financial assistance are accepted at any processing centers statewide. There are 20 processing centers that conduct eligibility determination and issues benefits for the state- and federal-funded TANF programs; the Supplemental Nutrition Assistance Program (SNAP); and the state-funded General Assistance and Aid to the Aged, Blind and Disabled programs.

- A. Oahu – eight (8) processing centers
- B. Maui County (includes Maui, Molokai and Lanai) – four (4) processing centers
- C. Hawaii Island – seven (7) processing centers
- D. Kauai – one (1) processing center

#### **4.2 FTW Units**

The state's FTW program provides employment and training services, counseling and case management services, and supportive services to TANF applicants and recipients. There are 22 FTW units operated by the state and a non-profit organization contracted by DHS.

- A. Oahu – six (6) BESSD offices and four (4) contract offices;
- B. Maui County (includes Maui, Molokai and Lanai) – one (1) BESSD office and two (2) contract offices;
- C. Hawaii Island – two (2) BESSD offices and four (4) contract offices; and
- D. Kauai – one (1) BESSD office and two (2) contract offices.

An organizational chart of DHS and BESSD are provided as Attachment A-1. Please refer to sections 16.0 to 22.0 for more information on the FTW program services.

## 5.0 PROGRAM AND FISCAL INTEGRITY

### 5.1 Regulations, Policies and Procedures

The TANF program operates using uniform policies on all islands (counties). 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 or suspected fraud such as, but not limited to, a recipient receiving financial assistance to which the individual is not entitled to receive. 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.

Administrative rules governing the Department's fraud provisions can be found in Chapter 17-604.1, Hawaii Administrative Rules.

### 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 benefits transfer (EBT) 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 is included in form DHS 1240, *Application for*

*Financial and SNAP Assistance.* By signing the application form (also used the annual recertification form), the applicants and recipients agree to abide by the restriction. The instruction pamphlet on the use of the EBT card has also been revised to include the restriction.

See Attachments A-2, form DHS 1240, *Application for Financial and SNAP Assistance*, and A-3, pamphlet, *How to Use Your Hawaii EBT Card*.

## **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 17-601, HAR.

### **6.2 Administrative Hearing and Appeals Process**

Hawaii provides a timely and adequate notice to the recipient that is mailed at least ten (10) days prior to an adverse action (i.e., reduction or termination of benefits) and provides opportunities for clients who have been adversely affected to be heard in a state administered appeals process. There is a set time limit for a client to request an administrative hearing; and for the Department to conduct the hearing and render an administrative decision. Administrative hearings are presided over by impartial hearing officers. Clients are allowed to present their appeals independently; be represented by legal counsel or authorized representative; bring witnesses to the hearing; ask questions and cross-examine during the hearing; and present additional evidence to support their appeal. If dissatisfied with the decision rendered by the hearing officer, the client may file a notice of appeal with the circuit court. Administrative rules governing administrative hearings can be found in Chapter 17-602.1, 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 MAJOR STATE POLICIES AND ADMINISTRATIVE PROVISIONS**

### **7.1 State Temporary Assistance for Other Needy Families (TAONF) Program**

Hawaii provides assistance to eligible non-U.S. citizen households, as defined in the Welfare Reform, paid with segregated state maintenance-of-effort funds, under the Temporary Assistance for Other Needy Families or TAONF program. TAONF is a parallel program that has the same payment and program eligibility requirements as TANF. TAONF households include an eligible non-U.S. citizen member or is a minor single- or two-parent household living independently.

### **7.2 Domestic Violence Status Option**

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. Work eligible individuals who are granted a domestic violence status are assessed by contracted service providers that specialize in domestic violence and advocacy services. The work eligible individuals are required to participate in activities that will address the domestic violence crisis and their family's needs. Domestic violence services are provided statewide. Compliance with services is a condition of receiving TANF or TAONF assistance and the domestic violence status which grants good cause from meeting work requirements. Effective January 17, 2008, non-compliance with services will result in a full family sanction.

Please refer to subsection 13.9 for more information on the domestic violence status.

### **7.3 Temporary Disability**

7.3.1 Hawaii recognizes that work eligible individuals, who are temporarily disabled, may not meet work activity requirements or obtain and maintain employment. Work eligible individuals, who claim a physical or mental disability, may be granted good cause from work requirements if the disability is certified by the medical evaluation board (see subsection 7.3.2 below). The temporarily disabled individual must comply with their substance use disorder treatment plan, or vocational rehabilitation or treatment services, or both, which may reasonably expect to lead them to employment and financial independence. Individuals diagnosed as temporarily disabled with a substance use disorder or with a physical or mental disability receive vocational rehabilitation case management services from a contracted service provider. The entire household is sanctioned if the disabled work eligible individual refuses or fails to comply with treatment (see subsection 13.5).

7.3.2 Effective January 2005, medical evaluation services, conducted by a board of licensed physicians and psychologists, are provided to determine whether a work eligible individual's disability is temporary or permanent and interferes with their ability to engage in any substantial gainful employment of at least 30 hours per week at a job for which he or she is equipped by education, training, or experience. The medical evaluation board ensures that TANF recipients between the ages of eighteen (18) and sixty-five (65) years are afforded a fair and consistent evaluation of disability and determines appropriate treatment services, vocational rehabilitation services, or work activities that the individual can be expected to perform.

If a TANF recipient's temporary disability is confirmed, the recipient must comply with the treatment plan prescribed by the medical evaluation board to ensure the recipient progresses towards work program engagement and employment. TANF recipients, who are diagnosed as temporarily disabled due to a substance use disorder or with a physical or mental disability, receive vocational rehabilitation case management services and are monitored for treatment compliance by a contracted service provider. Non-compliance to their treatment plan will result in a full family sanction (see subsection 13.5).

#### 7.4 Work Eligible Individuals with Good Cause from Work Requirements

A special work participation status, referred to as an "other work eligible individual" or "OWEI", for a work eligible individual who is unable to engage in work activities or employment due to one of the following reasons:

- A. The individual is unable to engage in full-time employment as defined by the work participation requirements of the Social Security Act, 42 U.S.C. section 607, at a job for which he or she is equipped by education, training, or experience, for a period of more than 30 days from the onset of an illness, incapacity, or disability due to a physical or mental impairment or substance use disorder, as determined by a licensed physical or psychologist (see subsections 7.3 and 13.4 for more information on temporary disability).
- B. Domestic violence crisis situation involving the TANF household or member(s) of the TANF household (see subsection 7.2 and 13.9 for more information on the domestic violence option); or
- C. The individual is 65 years of age or older.

An OWEI, who meets one of the above criteria, is granted good cause from meeting the work activity requirements described in 45 CFR Part 261, section 261.31.

## 7.5 Extended TANF Sixty-Month Time Limit Due to Hardship

Pursuant to 45 CFR Part 264, section 264.1(c), Hawaii provides TANF or TAONF assistance beyond the 60-month time-limit if the household is experiencing hardship that impedes their ability to engage in work activities or obtain and maintain employment. Hardship is defined as follows:

- A. The household has been confirmed to be in a domestic violence crisis by a domestic violence advocacy service provider (see subsections 7.2 and 13.9); or
- B. A single-parent or both parents of a two-parent household, who are work eligible individuals, have been determined and certified by a medical evaluation board, to be temporarily disabled for more than thirty (30) days due to a physical or mental disability or requires treatment due to a substance use disorder (see subsections 7.3 and 13.4).

Work eligible individual(s) of a household that meet the domestic violence status or a disability criteria, are deemed to be an OWEl as described in subsection 7.3 above.

## 7.6 Subsidized Employment

Hawaii provides subsidized employment placement services for TANF recipients, who participate with the FTW program, through the Supporting Employment Empowerment (SEE) program. The SEE program designed to assist FTW program participants to obtain employment in the private sector. 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. Administrative rules governing the SEE program can be found in Chapter 17-795, HAR.

## Part B - Assistance and Eligibility

### 8.0 APPLICATION AND ELIGIBILITY DETERMINATION

#### 8.1 Application Process

Households requesting financial assistance through the TANF program must file an application form; complete an eligibility interview in person or through telephone conducted by an employee designated by the Department; and provide information and documentation pertaining to the household unit or individual household member(s) when requested by the Department designee. Form DHS 1240, *Applications for Financial and SNAP Assistance*, may be obtained and submitted at any processing center statewide or online through the Public Assistance Information System or PAIS. Families may request an application form to be mailed by calling the Public Assistance Information Line at 1-855-643-1643. Processing centers are open during regular business hours, Monday through Friday, but are closed on all state holidays.

During the application eligibility 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 60 month time-limit to receive financial assistance 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 45 days. The 45-day period begins on the date a processing center receives the application form containing, at a minimum, the applicant's full 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.

#### 8.2 Eligibility Redeterminations and Reporting of Household Changes

8.2.1 A household is certified eligible for benefits for a period of 12 months following their initial eligibility determination for TANF financial assistance. The household must be recertified on an annual basis by submitting a new DHS 1240 application form; completing an eligibility interview; and providing information and documentations necessary to determine continued eligibility for the subsequent 12 months.

- 8.2.2 A TANF recipient household with no elderly or disabled members, who have earned income and receives SNAP benefits, is required to complete a simplified report form, semi-annually, to confirm that no changes occurred during the previous six (6) months that would alter their continued eligibility. The household is required to report on the simplified report form and provide documentation of changes to their household composition, income, and other eligibility factors. The processing center will determine whether the household continues to be eligible for financial assistance for the remaining six (6) months of their certification period.
- 8.2.3 In addition to the semi-annual and annual eligibility redeterminations, a recipient household must report and provide verification of any changes to their household composition and/or income within ten (10) days of the date the change became known to the household.

## **9.0 ASSISTANCE UNIT**

### **9.1 Definition of Eligible Family**

9.1.1 To be categorically eligible for TANF, a family must include a needy dependent child under the age of eighteen (18) years and the child's natural or adoptive parent(s) or a specified relative if the child's parents are absent. A child aged 18 years may remain eligible if the child is a full-time high school student or is enrolled in a program of an equivalent level of vocational or technical training, until graduation or when the child reaches age nineteen (19), whichever occurs first.

A. A specified relative is defined as an adult related to the dependent child by blood or through marriage, hana'i, adoption, or has legal guardianship, who provides care and parental control of the dependent child and lives in the same household. The specified relative may include the following individuals in relation to the child:

1. Natural or adoptive father, natural or adoptive 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;



2. Stepfather, stepmother, stepbrother, and stepsister;
  3. Other natural or legally adopted children and relatives of the adoptive parents;
  4. A hanai father or hanai mother. "Hanai", in the Hawaiian culture, refers to the informal adoption of a child, 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. A hanai parent may be a relative or not related to the minor child. The child was given outright, and the natural parents renounced all claims to the child; and
  5. The legally married spouse of any of the persons specified above, even after the marriage ended in death or divorce.
- B. A specified relative must apply for TANF benefits on behalf of the dependent child, and the relationship between the child and the specified relative must be verified through birth certificates, marriage certificates, or other legal documents such as a divorce decree or court documents establishing guardianship (i.e., for hanai parents or custody in divorce). A specified relative, who does not need assistance, may be excluded from the TANF household for the purposes of determining eligibility and the amount of TANF benefits for the needy household members.
- 9.1.2 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.
- 9.1.3 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 hanai parent has other children or stepchildren living in the household who have not been adopted.

## 9.2 Pregnant Women Without Dependent Children

A needy pregnant woman with no dependent child may be eligible for TANF financial assistance from the first of the month in which the woman begins her ninth month of pregnancy, provided:

- A. There is a written statement from a medical professional to verify the pregnancy and the expected date of birth of the child.
- B. The pregnant woman and the unborn child together are considered as one person for the purpose of determining the amount of TANF assistance; and
- C. The income of the unborn child's father shall be counted towards determining eligibility for the pregnant woman if they are married and residing in the same household, otherwise, the father's income will not be counted in determining eligibility until the child is born.

## 9.3 Minor Child

Hawaii defines a minor child as a needy dependent child under age 18 years, or under age nineteen (19) years 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, a needy child under the age of eighteen (18) years is required to 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.

## 10.0 **ELIGIBILITY, INCOME, AND RESOURCES**

The Hawaii Legislature sets the income standard, in state statutes, at a percentage of the FPG. The monthly gross income standard is 185% of the standard of need (SON). Effective July 1, 2007, the SON is set at one hundred percent (100%) of Hawaii's 2006 FPG in accordance with section 346-53, HRS. Effective March 1, 2025, the standard of assistance (SOA) increased from 48% to 62% of the SON. The SOA is further reduced by 20% if the TANF household includes a work eligible adult and the household has received their first two (2) full months of assistance at the 62% standard.

To determine eligibility, the household must meet specific income requirements. The prospective income (earned plus unearned) of each household member is evaluated. If

not excluded by rule or regulation, the household's monthly income is tested prospectively against the gross income standard based on the applicable household size.

If the household meets the gross income standard, then deductions are applied to the household's earned income, if applicable. The sum of the household's unearned income and adjusted earned income (i.e., after deductions) is then compared to SOA. The difference between SOA for the applicable household size and the sum of the household's countable income will be the household's monthly financial benefit amount. If the sum exceeds SOA, then the household is not eligible for TANF financial assistance.

#### 10.1 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 185% of Hawaii's 2006 FPG for the applicable household size.

#### 10.2 Earned Income Deductions

The following deductions are applicable to earned income only.

10.2.1 If a household meets the gross income standard, then following deductions are applied for each countable earned income:

- A. Standard Deduction of 20%;
- B. Flat Rate Deduction of \$200;
- C. Earned Income Disregard of 36% or 55% (see subsection 10.2.2 below);  
and
- D. Deduction for Dependent Care Expense, when applicable.

After the above deductions are applied, the total remaining income is compared to SOA to determine the household's financial benefit amount (see subsection 10.3 below).

10.2.2 Households who received twenty-four (24) months or less 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 EIDR; therefore, the EIDR remains at 36%.

Gross Income	
Minus 20%	Standard Deduction
Minus \$200	Flat Rate Deduction

Minus EIDR	55% (0 – 24 TANF months) or 36% (25+ TANF months)
Minus \$175, or	Cost of care for a disabled adult household member up to \$175, if
Minus \$165	applicant is full-time employed, or \$165 if part-time employed.
Remainder	Countable income compared to SOA (see subsection 10.3 below)

### 10.3 Determining Amount of Assistance

The difference between SOA for the applicable household size and the household's countable income after deductions (subsection 10.2 above) will be the household's monthly financial benefit amount.

SOA for applicable household size
Minus Countable income after deductions
<hr/> Household monthly benefit amount

If the household's countable income after deductions exceeds SOA for the applicable household size, then the family is not eligible for TANF financial benefits.

### 10.4 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.

#### 10.4.1 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 test described in subsection 10.1 is 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 10.2 and 10.3.

#### 10.4.2 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.

#### 10.5 Assets

All assets are disregarded when determining eligibility for TANF financial assistance benefits.

#### 10.6 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.

#### 10.7 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 the sunset clause.

#### 10.8 Fleeing Felons

A fleeing/fugitive felon interface is done semi-annually 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.

#### 10.9 Temporarily Absent from the Home

"Temporarily absent" means the dependent child or the caretaker relative is not present in the home for a period not to exceed 60 days, or for a household receiving supportive services through a plan approved by the department, not to exceed 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.

## 11.0 INCOME AND BENEFIT STANDARDS, ACCESS TO BENEFITS

### 11.1 Income and Benefit Standards

Effective July 1, 2009:

HH Size	SON <sup>1</sup>	Gross Income <sup>2</sup>	SOA <sup>3</sup>	SOA <sup>4</sup>
1	\$939	\$1,737	\$582	\$465
2	\$1,265	\$2,340	\$784	\$627
3	\$1,590	\$2,941	\$985	\$788
4	\$1,916	\$3,544	\$1,187	\$950
5	\$2,242	\$4,147	\$1,390	\$1,112
6	\$2,568	\$4,750	\$1,592	\$1,273
7	\$2,894	\$5,353	\$1,794	\$1,435
8	\$3,220	\$5,957	\$1,996	\$1,597
For each addit'l HH mem	\$326	\$603	\$202	\$162

1. The Standard of Need (SON) is 100% of the 2006 Hawaii FPG, established by the federal government effective July 1, 2006.
2. The gross income standard is 185% of the SON.
3. Effective March 1, 2025, the SOA is 62% of the SON (increased from 48% of the SON).
4. The SOA is reduced by 20% after the family received their initial two (2) full months of benefits and is applicable to mandatory work required TANF households, effective July 1, 2009.

### 11.2 Access to Benefits

11.2.1 TANF financial assistance is issued monthly to eligible households as direct cash assistance through the household's EBT account, 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 household's EBT cash account each month and are available on the third (3<sup>rd</sup>) day of the month if the primary household member's last name begins with letters A – I, or on the 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 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.

11.2.2 Households receive an EBT card to access their benefits. Benefits may be withdrawn from automated teller machines or ATM and point of sale or 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.

## **12.0 TIME LIMITS**

### **12.1 Sixty-Month Time Limit**

Receipt of TANF assistance is limited to 60 months in the lifetime for all recipient households when there is an adult member who is deemed to be a work eligible individual. The time limit begins when the TANF household first receives assistance on or after December 1, 1996. A time eligible month is credited to each adult household member, for each month that the household received assistance. The determination of the number of months of assistance that has been received by a household is based on the adult household member that has the greatest number of used time eligible months.

### **12.2 Assistance Beyond the Sixty-Month Time Limit Due to Hardship**

Pursuant to 45 CFR section 264.1, subsection (c), the state provides TANF or TAONF assistance to households beyond the 60-month time limit if the household is experiencing hardship. Please refer to subsection 7.5 for the state's definition of hardship and the application of the hardship policy.

### **12.3 Time Limit Provision for Dependent Children**

The time limit provision is not applied to minor dependent children who receive assistance and for child-only households in which the dependent children are the only recipients in the household.

### **13.0 PROGRAM REQUIREMENTS, PENALTIES, AND SPECIAL PROVISIONS**

#### **13.1 Upfront 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 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. Non-compliance with the UFUE requirement shall result in the denial of household's financial application.

#### **13.2 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 requirement to cooperate with CSEA when they complete the DHS 1240, *Application for Financial and SNAP Assistance*, and during their initial and annual eligibility interview (for recertification). Applicants and recipients acknowledge their understanding of the requirements when they sign the DHS 1240 application form. A copy of form DHS 1247, *Notice of Requirement to Cooperate with Child Support Enforcement Agency and Right to Claim Good Cause*, is provided following the eligibility interview.

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.

### 13.3 Work Participation Requirements for Work Eligible Individuals (WEI)

Hawaii requires a parent or specified relative, who is determined to be a WEI and receives assistance, to engage in employment or work activities through the FTW program. An individual's work program status is determined at the point of application, reassessed at their annual recertification, and when the individual's circumstance has changed. Individuals who are determined to be WEIs are referred immediately to the FTW program.

### 13.4 Work Participation Requirements for Other Work Eligible Individuals (OWEI) with a Disability

13.4.1 Work eligible individuals, who claim they are unable to work due to substance use disorder, or a physical or mental disability, are referred to contracted examiners for an assessment and a medical evaluation board for a determination whether the disability prevents the individual from working 30 hours a week. If the medical evaluation board determines an individual to be temporarily incapacitated and unable to work, the individual's work participation status is changed from WEI to other work eligible individual or OWEI and is referred to the FTW Vocational Rehabilitation (FTW-VR) unit. The FTW-VR units provide case management services; monitor the OWEI's compliance to a treatment or individualized service plan; and provide job preparation services. The work participation status is reviewed at the point of application, reassessed at their annual recertification, and whenever the individual's circumstances have changed.

13.4.2 An individual, who the Department has determined disabled due to a physical or mental disability or substance use disorder, must engage in treatment services and vocational rehabilitation activities that may reasonably be expected to lead to employment (see subsections 7.3 to 7.5, and 20.2, and section 17.0).

### 13.5 Penalty for Non-Compliance

When a TANF recipient, who is a work eligible individual or other work eligible individual and is required to participate in the FTW program, does not comply 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; reduces full-time employment to less than 30 hours per week without good cause; or does not comply with their treatment plan for a recipient who was determined disabled or recovering from substance use disorder, the entire household's TANF benefits are terminated (i.e. case closure) and a sanction is imposed as follows:

- A. For the 1<sup>st</sup> sanction, the household is ineligible for TANF until the household reapplies for benefits.
- B. For the 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.

The sanctioned household must serve the entire sanction period. The household may reapply following the sanction period by submitting a new application form and meeting the UFUE requirements to re-establish eligibility for TANF (see subsection 13.1).

### 13.6 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 FTW program or accept employment, and such care is unavailable.
- B. The employment would result in the household of the individual to experience a net loss of cash income. Net loss of cash income shall be determined as follows:
  - 1) The Department shall determine the household'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 household's total projected gross income.
  - 4) The net income amount determined in subsection 10.2 shall be compared to the financial assistance the household 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 10.2 is less than the financial assistance the household 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 household circumstances, such as death of an immediate family member, the household is currently homeless, or the household 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 30 hours per week or 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.

### 13.7 Mandatory School Attendance

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

### 13.8 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 20 and younger than 51, if the adult does not have and is not working toward a high school diploma or equivalency. However, it is consistent with Hawaii's education policy to allow an adult to work toward a high school diploma or equivalency if combined with a work activity.

### 13.9 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.

#### 13.9.1 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.

#### 13.9.2 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.

### 13.9.3 Domestic Violence Status

An individual is considered eligible for the domestic violence status if he or she has or previously had a relationship with 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 12 months, has stayed in a domestic abuse shelter.
- D. Within the past 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 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 12 months, has been in inpatient or outpatient treatment for psychological, physical, or emotional abuse resulting from domestic violence.
- G. Within the past 12 months, has been hospitalized, been in community placement or received emergency room treatment for medical or psychological injuries resulting from domestic violence; or
- H. Within the past 12 months, has been subject to threats of death or grievous bodily injury to self or family and loved ones by the alleged perpetrator.

#### 13.9.4 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.

### 14.0 NON-WORK ELIGIBLE HOUSEHOLDS AND WORK EXEMPTIONS

#### 14.1 Non-Work Eligible Households

The state defines a household, where all the adults meet one (1) of the following criteria, to be a non-work eligible household:

- A. There is no parent or adult recipient in the household; or
- B. A recipient of Supplemental Security Income or Social Security Disability Income benefits.

Non-work eligible adults are not subject to work participation requirements; therefore, are not referred to the FTW program.

#### 14.2 Work Exemptions

The state exempts the following work eligible households from the work requirements if one of the following criteria is met:

- A. A single parent who is caring for a child under six (6) months of age; or
- B. A single parent who is providing care for a disabled family member that lives in the same TANF household.

Exempt work eligible households are not referred to the FTW program.

## **15.0 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 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 Section Administrator. The Section Administrator must also issue a decision within 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 30 working days of the filing for an appeal and a decision must be issued within working days of the appeal being filed. Challenges of this decision must be filed with the Administrative Law Judges, U. S. Department of Labor, within 20 working days of receiving an unfavorable ruling from the Department's administrative appeal decision.

## **Part C - TANF Work Program and Services**

### **16.0 FIRST-TO-WORK (FTW) PROGRAM**

In accordance with Title IV-A of the Social Security Act [42 U.S.C. 602], the state administers a statewide mandatory work program, known as the First-To-Work (FTW) program, for families applying for or receiving TANF or TAONF benefits. The FTW program provides comprehensive employment and supportive services designed to promote job readiness, education, employment, and financial stability. Core services include case management, job readiness training, education and training opportunities, and assistance with securing employment. Supportive services available to participants include, but are not limited to, child care subsidies, transportation reimbursement, educational and work-related expense assistance, job development and job placement services.

Additional supportive services are available through contracted service providers and may include domestic violence advocacy and legal services, subsidized employment opportunities, and home visiting services. FTW also offers specialized services for work-eligible individuals who are temporarily unable to work due to a disability, domestic violence crisis, or active participation in substance use disorder treatment.

The FTW program is grounded in a “work focused” approach that requires adults to engage in appropriate work activities as a condition of receiving assistance. Program participants are expected to meet specific weekly participation requirements, which vary depending on the household composition, including the number of adults and the age of the children in the household.

The overall goal of the FTW program is to equip participants with the skills, resources, and supports needed to successfully enter, maintain, and advance in the workforce.

### **17.0 SCREENINGS, ASSESSMENTS, AND SUPPORT SERVICES PLAN**

#### **17.1 FTW Program Intake Assessments**

Individuals who are determined to be work eligible individuals (WEI) or other work eligible individuals (OWEI) are promptly referred to the FTW program. Upon referral, they are scheduled to attend an orientation and intake session.

During intake process, a preliminary self-assessment is conducted to identify the participant’s needs and strengths, and to determine whether there are any psycho-social, health, educational/skill, employment, and communication issues that may present barriers to employment.



Following the orientation and intake, participants undergo an in-depth interview and complete the Hawaii Assessment and Personal Appraisal (HAPA) to further assess their employability. The interview explores various areas, including social support system, personal relationships, involvement with child protective services (current or past), physical and mental health, emotional well-being, criminal history, and any issues related to substance use disorder.

Participants may also be scheduled to take standardized reading and math assessments. The results from the assessments and interview are analyzed and summarized to determine the most appropriate next steps. Based on the findings, participants will either proceed to an Employability Assessment or be referred for a more comprehensive Barrier Assessment.

The outcome of the Employability or Barrier Assessment will guide the development of one or both of the following:

- A. **Employment Plan** – outlines the participant’s career goals, along with the steps and activities necessary to achieve employment.
- B. **Barrier Reduction Plan** – addresses personal or situational challenges that must be resolved to improve the participant’s employability.

Each plan includes clearly defined goals, and the specific actions required to support the participant in achieving long-term self-sufficiency and workforce participation.

## 17.2 Employability Assessment and Support Services Plan

The FTW program conducts an in-depth employability assessment which results in the development of two key documents—an Employment Plan (EP) and a Support Service Plan (SSP). The EP is a formal signed agreement between the participant and the Department. It outlines the participant’s employment goal and details the specific activities and steps required to achieve the goal.

The SSP identifies the supportive services the participant may need in order to fully engage in the FTW program and complete the activities outlined in their EP. These services are tailored to address barriers to employment and to support the participant’s progress toward financial stability through sustained employment.

## **18.0 WORK ACTIVITIES**

### **18.1 Unsubsidized Employment**

Unsubsidized employment refers to full or part-time work in the public or private sector that is not subsidized by TANF funds or any other public assistance program. This includes employment with private for-profit and non-profit employers, government agencies, and positions supported by the Work Opportunity Tax Credit and the Welfare-to-Work Tax Credit.

Unsubsidized Employment also includes self-employment, which is defined as earning income directly from one's own business, trade, or profession, rather than receiving a salary or wages from an external employer.

### **18.2 Subsidized Employment in the Private Sector – Supporting Employment Empowerment (SEE) Program**

The SEE program was established in October 2006 to help FTW participants gain employment in the private sector. Under this program, the Department provides incentives to employers who hire FTW participants. These include reimbursement for the participant's wages; reimbursement of transportation expenses incurred by the participant; and an additional subsidy payment equal to 14% of the wage reimbursement to help offset employer-incurred costs such as training, unemployment insurance, worker's compensation, and Federal Insurance Contributions Act (FICA) expenses.

Participation in the SEE program is limited to a maximum of six (6) months per FTW participant. Initial employment may last up to three (3) months, with an option to extend for an additional three (3) months, to the exceed the six-month limit.

### **18.3 Community Work Experience Program**

The community work experience program or work experience is a work activity, performed in return for public assistance. It provides participants with opportunities to develop the general skills, training, knowledge, and work habits necessary to obtain employment. Participants may be placed with a public or private non-profit agency.

### **18.4 Job Readiness and Job Search Assistance**

Job readiness and job search Assistance activities are designed to prepare participants for employment and support them in securing full- or part-time work. These activities may also include short-term treatment for substance use disorder, mental health conditions, 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 tailored to the participant's interest and aligned with the local labor market conditions. Services may be provided through individual or group-based activities, or a combination of both.

Job readiness training is typically delivered in group settings and includes instruction on resume development, job search techniques, interview etiquette, and the development of soft skills essential for workplace success.

#### 18.5 Community Service Programs

Community service programs are structured activities in which participants perform work that directly benefits the community in exchange for public assistance. These programs offer participants the opportunity to gain work experience and develop job skills through placements with public agencies or private non-profit organizations engaged in projects that serve a recognized public purpose.

#### 18.6 Vocational Education Training

Vocational education training provides the participants with structured, specialized instruction to develop the technical knowledge and skills required for employment in current or emerging occupations. These programs exclude baccalaureate or advance degree programs and focus instead on career pathways that lead directly to employment.

According to the State Department of Business, Economic Development and Tourism (DBEDT), the healthcare sector, specifically hospitals, nursing facilities and specialty health care services, accounted for the highest number of jobs in Hawaii between 2010 and 2020. As of 2020, there were approximately 43,688 jobs in hospitals and nursing facilities. Specialty health care services experienced the most significant growth during that period, increasing by 6.0% and resulting in about 13,358 jobs (DBEDT Hawaii's Targeted & Emerging Industries 2021 Update Report).

In alignment with Policy Instruction (PI) 2011-06, Hawaii's vocational education component prioritizes training in the health care industry. These training opportunities are not limited to a specific area of care; rather, they provide participants with transferable skills applicable across a range of health care settings. Occupations include, but are not limited to, Certified Nurse Aide (CNA), Adult Residential Care Home (ARCH) operator, and massage therapists positions that often involve direct service delivery in long-term care or eldercare environments.

The FTW program supports participants by subsidizing course fees for non-credit vocational programs offered through the University of Hawaii (UH) community college campuses. These programs include training in nursing, CNA, ARCH services, and

community health. Participants may earn certifications or credentials that qualify them for employment in long-term care facilities or with community-based organizations that provide direct services such as home visiting programs.

The FTW program encourages participants with an interest in health care careers to pursue vocational training and provides support to help them transition into employment upon completion of their coursework or certification.

18.7 Provision of Child Care Services to an Individual Who is Participating in a Community Service Program

This activity involves the providing childcare services to enable another TANF recipient to participate in a community services program. This activity does not include providing child care to enable a TANF recipient to participate in any of the other allowable activities. Providing child care services to an individual who is participating in community services is limited to unpaid child care.

18.8 Job Skills Training Directly Related to Employment

Job skills training directly related to employment includes post-secondary educational activities offered at the UH community colleges or other accredited vocational training programs that lead to recognized careers in demand within the local job market. These training opportunities are intended to upgrade participants' skills and improve their long-term employment prospects.

This activity must be combined with one or more core work activities and may only be counted toward participation requirements after a participant has completed the required core activity hours.

18.9 Education Directly Related to Employment

This activity encompasses educational programs that expands a participant's ability to gain employment; advance in their current position; qualify for a promotion; or adapt to evolving job requirements. Examples of such education include adult basic education, English as a second language, or General Educational Development (GED) or high school equivalency credential. To be countable, this activity must be combined with one or more work activities and may only be counted after a participant has fulfilled their required core activity hours.

18.10 Satisfactory Attendance at Secondary School or Course of Study Leading to GED if the Recipient Has Not Finished Secondary School

A custodial parent under the age of 20 years of age (i.e., a teen head of household), who has not completed high school or an equivalent educational program, is required to

participate in approved educational activities. These activities include regular classroom attendance in a secondary school, an alternative secondary education program, or a course of study that leads to a GED certificate or high school equivalency.

Satisfactory attendance for teen heads of households enrolled in a secondary school or participating in education directly related to employment, is defined as classroom attendance with no more than three (3) unexcused absences per semester. Exceeding this limit may result in a sanction.

## **19.0 POST-SECONDARY EDUCATION COMPONENT**

Hawaii developed an education component designed to encourage and support FTW participants who are enrolled as full-time students at accredited post-secondary educational institution. This component serves as an incentive for participants to pursue higher education by modifying the work participation requirement. Full-time student participants are required to completed 20 hours of participation per week, of which, at least four (4) hours must be paid employment. Participants enrolled on a part-time basis must meet the standard participation requirement of 30 hours per week. For these individuals, once the number of educational hours is determined, the remaining hours may be in either paid or unpaid work activity.

This component was originated from Hawaii's 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.

In addition to the post-secondary component, the FTW program offers a range of traditional education, training, and work activities. Hawaii recognizes that a comprehensive approach, combining education with practical work experience, offers TANF participants the greatest opportunity to achieve long-term financial stability.

## **20.0 WORK PARTICIPATION REQUIREMENTS**

### **20.1 Required Total Hours of Work Participation**

FTW participants are required to engage in a total of 30 hours per week of work-related activities to reflect a full-time schedule. Out of these 30 hours, a minimum of 20 hours per week must be dedicated to participation in TANF core work activities.

For a detailed description of the allowable work activities, refer to section 18.0 above. Additional guidance on work activities can be found in Section I of the Hawaii TANF Work Verification Plan, amended March 28, 2016.

## 20.2 Work Participation Requirements for Special Populations

*Non-custodial minor parents:* Hawaii does not mandate community work obligation or participation in parenting or financial classes for non-custodial, non-supporting minor parents following the school day.

*Other populations:* Hawaii provides contracted services for specific populations, including survivors of domestic violence, individuals with physical or mental disabilities and those experiencing substance use disorder. Each individual is screened by a qualified specialist in the relevant field. Based on the screening results and eligibility, individuals may be referred to contracted service providers. These services may include case management, compliance monitoring, treatment, and employment planning. For additional information on domestic violence services and status, refer to subsections 13.9 and 25.18.

## 20.3 Unavailable Child Care

Hawaii will not impose a sanction on a single-parent household with a child under the age of six (6) years if the parent is unable to work or participate in work activities through the FTW program due to the following circumstances:

- A. Lack of appropriate child care within a reasonable distance from the parent's home or place of employment.
- B. Unavailability or unsuitability of informal child care arrangements, including care by a relative; or
- C. Inaccessibility of appropriate and affordable formal child care options.

The FTW staff will support the participant by making referrals to child care resources and reviewing the participant's case to assess the availability of care. During this period, the parent will remain enrolled with the FTW program; continue to receive case management and supportive services; and maintain eligibility for financial assistance until such time child care is secured.

## 20.4 Employment Placement Services

Hawaii provides employment placement assistance for FTW participants through a variety of coordinated efforts. The FTW staff work directly with both private and public sector employers to identify and negotiate job placement opportunities. Additionally, the Department has established a partnership with the State Department of Labor and Industrial Relations (DLIR) to carry out job development activities on behalf of FTW participants. Participants may also be referred to DLIR for access to job training opportunities funded through the U. S. Department of Labor.

## **21.0 NUMERICAL GOALS AND MONITORING WORK PROGRAM COMPLIANCE**

### **21.1 Numerical Goals**

The numerical goals and activities for the FTW program are established in accordance with section 407 of the Social Security Act [42 U.S.C. 607 and 45 CFR Part 261].

### **21.2 Monitoring Work Program Compliance**

Hawaii monitors work program compliance in accordance with the State's Work Verification Plan, Amended March 28, 2016.

## Part D - Supportive Services

The supportive service programs described below are provided to families receiving TANF benefit, as well as to families who do not receive TANF benefits but are determined TANF eligible. These services are delivered through a combination of state administered programs and contracted service providers.

Unless otherwise specified, families are considered TANF eligible if they meet the following criteria:

- A. There is a dependent child between the ages of zero and 23 years living with a custodial natural or adoptive parent or other adult specified relative.
- B. The family or family members receiving services, are U.S. citizens or qualified immigrants are lawfully residing in the United States in accordance with the Immigration and Nationality Act, 8 U.S.C. 1601 and P.L. 104-193, section 401; and
- C. The family's monthly gross income does not exceed 300% of the 2022 FPG.

To receive State Maintenance of Effort (MOE) funded supportive services aligned with TANF Purpose 1, 2, 3, and 4, a family must either be a TANF benefit recipient or meet the TANF eligibility criteria listed above.

Supportive services funded through federal TANF dollars under TANF Purpose 3 or 4 are not subject to means-testing.

### 22.0 WORK SUPPORTS

#### 22.1 Child Care Subsidies

TANF financial assistance recipients who are participating in the FTW program, as well as TANF eligible families who are employed, may qualify for child care subsidies. Eligibility and the subsidy amounts are determined based on the lesser of the parent's hours of employment or the hours of child care needed. Once a child care need is established, subsidy payments are made based on the actual cost of care, up to the applicable maximum rate established by the State and based on the type of care provided. There is no limit on the duration of eligibility for child care subsidies, provided the family continues to meet the requirements.

Child care subsidies support TANF Purposes 1 and 2 and are funded through a combination of federal TANF funds and State Maintenance of Effort funds. (See Attachment C-1 for additional details.)



## 22.2 Transportation Assistance

In addition to child care subsidies, TANF recipients who are active with the FTW program may be eligible to receive assistance for transportation costs. This assistance may include, but is not limited to, mileage and parking reimbursements, monthly bus passes, and other transportation supports as deemed appropriate by the Department.

## 22.3 Educational Expenses

FTW participants may be eligible for assistance with educational expenses if they are currently enrolled in or have been accepted by a post-secondary education institution or a vocational educational program. Participants must provide verification of the expenses, which may include, but are not limited to, tuition or registration fees, books, mandatory tools and supplies, and uniforms. FTW participants pursuing a degree through a college or university, are required to apply for student financial aid. If financial aid is awarded, participants must reimburse the Department for any duplicative benefits received.

## 22.4 Work-Related Expenses

FTW participants may be eligible for assistance with work-related expenses if they have received a job offer or are currently employed. Participants must provide verification of the expenses, 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.

## 22.5 Public Health Nursing Services

The Department, in collaboration with the Department of Health, has developed a pilot initiative that integrates the public health nursing services into the FTW program. This pilot employs the two-generational approach aimed at supporting FTW participants and their family members in addressing health-related concerns that may hinder their ability to gain employment and achieve financial independence. Additionally, the initiative seeks to strengthen families' capacity to manage and meet their own health needs. Public health nursing services provided through this initiative include, but are not limited to:

- A. Identifying predominant cultural and ethnic health practices.
- B. Assessing health needs and potential hazards within the home.
- C. Identifying support systems, family strengths, and available resources to meet basic health needs.

- D. Evaluating family dynamics and relationships that may impact health outcomes.
- E. Assisting families in accessing recommended health services maintain or improve overall well-being.
- F. Providing education tailored to family needs including topics such as, preventative care, oral health, injury prevention, and family planning; and
- G. Monitoring the ongoing health status and needs of families.

These services are funded with State Maintenance of Effort funds and are not covered by Medicaid.

#### 22.6 Bridge-To-Hope

Bridge-to-Hope is a collaborative program between the University of Hawaii and the Department that provides subsidized on-campus student employment opportunities for FTW participants who are enrolled full-time at any University of Hawaii campus. This initiative is based on national research demonstrating that attainment of a college degree significantly increases an individual's long-term earning potential and financial independence.

### 23.0 **SUPPORTIVE SERVICES TO STRENGTHEN FAMILIES**

#### 23.1 Home Visiting Program

The Department's home visiting program and family support services are provided in alignment with TANF Purpose 4. These services are designed to promote positive parent-child relationships for families with children ages zero to three (3) years, using a family-centered, strengths-based, and appropriate support services within the family's natural environment. The primary objective is to prevent child maltreatment and support healthy family development. Services may include, but are not limited to:

- A. Conducting assessments to identify risks and needs of a families referred for home visiting services.
- B. Developing individualized family service plans in collaboration with other social service providers to address identified risks and needs.
- C. Coordinating referrals to appropriate service providers, including providing treatment readiness counseling until placements are secured.
- D. Identifying, assessing, and monitoring the health status and health care needs of the family, with referrals to community health resources as appropriate; and

- E. Providing family strengthening services, including therapeutic interventions and education in child development and parenting skills.

Homeless families may receive enhanced case management and transitional services, regardless of their income. Due to their status, homeless families are not subject to the eligibility requirements to receive these services.

These services are funded with federal TANF funds and State Maintenance of Effort funds and are not Medicaid-eligible.

### 23.2 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 (3) years old, through a family-centered, strengths-based, and culturally appropriate support services within a family’s natural environment.

### 23.3 Employment Services for Non-Custodial Parents

The Department has partnered with the Child Support Enforcement Agency (CSEA) and Goodwill Industries of Hawaii to implement a pilot program designed to provide employment support and placement services for non-custodial parents (NCPs) who are unemployed, underemployed, or are in arrears with their child support obligations and

have difficulty meeting their child support payments. This initiative meets TANF Purpose 2. Employment related services provided through this program include:

- A. Employment supportive services, such as job readiness training, job coaching, counseling for job retention, and ongoing placement monitoring.
- B. Placements into both subsidized and unsubsidized employment opportunities.
- C. Comprehensive employment-based assessments to identify strengths and barriers.
- D. Transportation assistance in the form of a city bus Holo card for employed participants.

To participate in the pilot program, an individual must be a U.S. citizen, lawfully admitted permanent resident immigrant, or an individual granted admission to the U.S. under the provision of Public Law 99-239; and have a total annual household gross income at or below 300% of the current FPG.

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

#### 23.4 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 10 to 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.

#### 23.5 Teen Pregnancy Prevention Efforts of the Department of Human Services

According to the Hawaii Health Data Warehouse, the teen birth rates continue decline from 28.1 per 1,000 girls in 2012 to 11.7 births per 1000 girls in 2022.

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 TANF Purpose 3 and is in effect through December 31, 2026. 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 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 12 and 22 in the geographic area of Waikiki.
- D. Positive Mentoring Services, provided by 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, in support of TANF Purpose 3. UPLINK provides homework assistance, remediation tutoring, and extra-curricular activities that promote positive character traits, i.e., 5Cs – character, confidence, competence, connection, and contribution.

The UPLINK program is not part of the DOE system; therefore, participating middle and intermediate schools opt to administer and provide the program on

their campus for their enrolled students. Participating UPLINK schools must provide the following mandatory components:

- 1) Teen Pregnancy Prevention and/or Character Development through activities that focus on five core concepts (Five Cs)—Competence, Confidence, Character, Connections, and Contribution.
  - 2) Academic Supports that include homework assistance, tutoring, and remediation to assist students to maintain daily classroom performance and academic achievement.
  - 3) Extracurricular activities based on the interests of the students such as performance/fine arts, agriculture and culinary arts, sports and other physical activities, science/technology/engineering/mathematics or STEM, service and cultural learning opportunities, and life skills training.
  - 4) Family engagement activities to encourage and promote family involvement with the students.
  - 5) Career exploration activities to expose students to various career pathways and occupations.
- 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 Honolulu Community Action Program, offers creative afterschool Science, Technology, Engineering, Mathematics or STEM activities for children in grades two to eight, to promote academics and proactively prevent students from engaging in risky behaviors during the late afternoons when schools are not in session. 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, in support of TANF purpose 3.
- 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 five to eighteen years, to proactively prevent students from engaging in risky behaviors during the late afternoons when schools are not in session.

- I. Positive Youth Development and Pregnancy Prevention Services, provided by Hale Opio 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.
- J. Positive After-School and Summer Youth Programs, provided by After School All Stars Hawaii, Boys and Girls Club of Hawaii, Child and Family Service, Kanu O Ka Aina Learning Ohana, Parents And Children Together, Ulu Ae Learning Center, and YMCA of Honolulu. The afterschool and summer youth programs are provided to youths in grades six to twelve, to enhance their all-around development including emotional, academic, cognitive, healthy behaviors, and physical growth.

#### 23.6 Sexual Health Education

Effective school year 2015-2016, the Hawaii Board of Education passed Policy 103.5, requiring DOE to provide age appropriate, medically accurate information 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 and to provide education and training on the problem of statutory rape, assuring that teenage pregnancy prevention programs are expanded in scope to include boys and men, the department participates with other state agencies in both juvenile and adult sex offender treatment teams to ensure that offenders receive appropriate treatment to prevent sexual abuse; and for families under the jurisdiction of the department and family court, counseling is provided to educate victims, offenders and other family members in the dynamics of sexual abuse to prevent further abuse.

#### 23.7 Individual Development Account Program

The Department does 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. All assets including IDA accounts are disregarded for TANF eligibility and allotment determination.

### 23.8 Non-Assistance Payments

In accordance with 45 CFR 260.31, the Department provides non-assistance payments that are designed to deal with a specific crisis or episode of need; not intended to meet recurring or ongoing needs; and do not extend beyond four months.

#### 23.8.1 Disaster Relief

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 non-recurring short-term (NRST) payments to assist families who may be in a specific crisis or have an episode of need as the result of the natural disaster or emergency proclamation. A family's total gross income may not exceed 350% of the current FPG to qualify to qualify for disaster relief NRST payments.

Emergency administrative rules will be promulgated to establish the program; describe the crisis or episode of need; identify the target population; outline the eligibility criteria and requirements; and types of payments (e.g., housing, utility expenses, clothing, etc.) and payment limits, not to exceed four months of payments for each type.

#### 23.8.2 Other NRST Payments

Other NRST payments may be provided to eligible needy families, whose household's gross income does not exceed 300% of the current FPG, 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.

### 23.9 TANF Outreach

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 FPG. 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>



## **24.0 TRANSITIONAL BENEFITS AND SERVICES**

### **24.1 Post Sixty-Month TANF Benefits and Services**

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

- A. SNAP.
- B. Participation with the SNAP Employment and Training Program.
- C. Child Care Subsidies.

### **24.2 Transitional Child Care (TCC) Subsidy Payments**

The State provides TCC subsidy payments to full-time employed TANF recipient families who voluntarily terminate their benefits or become ineligible as the result of new or increased earned income. Eligibility for TCC continues until the household receives twelve consecutive months of child care subsidies payments or 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, whichever occurs sooner. See Attachment C-3 for child care income eligibility limits.

### **24.3 Transitional Support Services (TSS) Payments**

An FTW participant, who is full-time employed and whose household successfully exits TANF due to earnings or voluntarily exits TANF, may be eligible to receive TSS for transportation assistance, up to 12 months consecutive months beginning with the month after the household last received TANF benefits.

### **24.4 One-Time Work-Related Supportive Service Payments**

An FTW participant who is full-time employed and whose household successfully exits TANF either due to earned income or voluntarily exits TANF, may be eligible to receive a one-time work-related supportive payments. These payments are considered non-assistance and is intended to help with costs directly related to employment. Eligible expenses may include appropriate work attire, specialized clothing such as uniforms or protective gear, occupation specific tools, travel expenses to accept a job offer, automobile repairs necessary to maintain employment, licensing or testing fees, and other qualifying one-time expenses. For a full list of allowable expenses and payment limits, refer to Attachment C-4.

## Part E - MAINTENANCE OF EFFORT (MOE)

### 25.0 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 benefits and services to TANF benefit recipients and families who do not receive benefits but are determined TANF eligible, through a combination of state TANF MOE programs and activities (direct and contracted), separate state programs, and third-party programs and activities.

Unless otherwise specified, families who meet the following criteria are deemed TANF eligible:

- A. There is a dependent child between the ages of zero and 23 years living with their custodial parent or other adult specified relative.
- B. Family or individual members who receive the services, are U.S. citizens or qualified immigrants who are residing lawfully in the U.S. in accordance with the Immigration and Nationality Act, 8 U.S.C. 1601 and P.L. 104-193, section 401; and
- C. Family's monthly gross income does not exceed 300% of the 2022 FPG.

- 25.1 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 (TANF Purposes 1 – 4 / State basic MOE).
- 25.2 Subsidized Employment: The department provides subsidized employment services through the SEE and Bridge to Hope programs for TANF benefit recipients who are participants of the FTW program (TANF Purpose 2 / State TANF/Basic MOE and SSP-MOE).
- 25.3 Educational and Vocational Training: Educational and career pathways services and programs provided by state Department of Education and University of Hawaii to eligible TANF benefit recipients who are FTW participants and individuals who meet the definition of TANF eligible (TANF Purpose 2 / State TANF MOE).
- 25.4 Pre-Employment and Job Readiness: Supportive services and activities including job coaching, resume development, interview skills, and job search assistance provided to TANF benefit recipients who are FTW participants and individuals who meet the definition of TANF eligible, 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 (TANF Purpose 2 / State TANF MOE, SSP-MOE, and 3<sup>rd</sup> Party MOE).

- 25.5 Job Development and Placement Services: Services and activities provided to TANF benefit recipients who are FTW participants and individuals who meet the definition of TANF eligible, by the Department of Human Services, the Department of Labor and Industrial Relations, and Goodwill Industries of Hawaii (TANF Purpose 2 / State TANF MOE and SSP-MOE).
- 25.6 Barrier-Removal Case Management: Services and activities provided to TANF benefit recipients who are FTW 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 (TANF Purpose 2 / State MOE and SSP-MOE).
- 25.7 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 FTW program for TANF benefit recipients (TANF Purpose 2 / State MOE and SSP-MOE).
- 25.8 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 (TANF Purpose 1 / State MOE).
- 25.9 Child Development and Afterschool Care: 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 for TANF eligible families (TANF Purposes 1 and 2 / SSP-MOE and 3<sup>rd</sup> Party MOE).
- 25.10 Financial Education and Asset Development: Financial literacy services and self-help home repair provided by Nanakuli Housing Corporation's Holomua I Naauao, and Alu Like, Inc. for TANF eligible families (TANF Purpose 2 / SSP-MOE and 3<sup>rd</sup> Party MOE).
- 25.11 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 FTW program for TANF benefit recipients who are FTW participants, and by 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 for TANF eligible families (TANF Purposes 1 and 2 / State MOE, SSP-MOE, and 3<sup>rd</sup> Party MOE).
- 25.12 Supportive Services: Housing placement and homeless shelter services, domestic violence advocacy and legal services, non-medical alcohol and substance use disorder treatment continuum of service, and sex offender and violence intervention services for

TANF eligible families provided by services providers such as 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 (TANF Purposes 1 and 4 / State MOE, SSP-MOE, and 3<sup>rd</sup> Party MOE).

- 25.13 Transitional Support Services: Transportation benefits, and no-fault auto insurance coverage for TANF benefit recipient families who are full-time employed and exited TANF due to income or voluntarily terminated their TANF benefits (TANF Purposes 1 and 2 / State MOE).
- 25.14 Education-Related Supportive Services: Student and instructional support, outreach, counseling, and resources for TANF eligible families who are students at a University of Hawaii campus (TANF Purpose 2 / 3<sup>rd</sup> Party MOE).
- 25.15 Pregnancy Prevention and Youth Development Activities: Mentoring, counseling, positive youth development activities, afterschool programs, at risk youth outreach services, and teen pregnancy prevention activities for youths of TANF eligible families (TANF Purpose 3 / 3<sup>rd</sup> Party MOE).
- 25.16 Family Strengthening Services: Provided by various community-based organizations including Helping Hands Hawaii, Alu Like, Inc., and Kokua Kalihi Valley Comprehensive Family Services for TANF eligible families (TANF Purpose 4 / 3<sup>rd</sup> Party MOE).
- 25.17 Home Visiting Services: Home-based parenting and family counseling provided by the Susannah Wesley Community Center for TANF eligible families (TANF Purpose 4 / 3<sup>rd</sup> Party MOE).
- 25.18 Domestic Violence Services: Supportive services provided to TANF benefit recipient families and TANF 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 (TANF Purpose 1 / 3<sup>rd</sup> Party MOE).
- 25.19 Family Supportive Services: Supportive services to TANF benefit recipients and TANF 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).
- 25.20 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 TANF eligible families who were temporarily residing at homeless shelters (TANF Purpose 1 / State MOE, 3<sup>rd</sup> Party MOE).

- 25.21 Treatment and Continuum of Care Services: Services provided to TANF eligible families for continuum of care for those recovering from alcohol/substance use disorder services not covered by Medicaid (TANF Purposes 1 and 4 / 3<sup>rd</sup> Party MOE).
- 25.22 Outreach and Shelter Services for Youth and Pregnant Mothers: Outreach services to homeless youths; temporary shelter services for pregnant mothers who are TANF eligible and are homeless or are in unsupportive environment; and homeless intervention/prevention services (TANF Purpose 1 / 3<sup>rd</sup> Party MOE).
- 25.23 Nursing Services for TANF Recipient Families: Public health nursing services for TANF benefit recipients who are FTW participants, through a partnership with the Department of Health Public Health Nursing Branch. See subsection 22.5 for additional information on the services (TANF Purposes 1, 2 and 4 / State MOE).
- 25.24 Legal Advocacy Services: Advocacy services for TANF eligible families to address eviction notices, conflict with landlords/property owners, bankruptcy, child visitation rights, and temporary restraining orders (TANF Purposes 1 and 4 / State MOE).
- 25.25 Program Fee Subsidies for Afterschool Program: Subsidized program fees for TANF eligible full-time employed families whose children are enrolled in the Department of Education's A-Plus Afterschool Program. See subsection 22.1 for additional information (TANF Purposes 1 and 2 / State MOE).

## Part F - Historical

### 26.0 HISTORICAL

- 26.1 Hawaii's TANF Program is based on the PRWORA of 1996 and the DRA of 2005, which reauthorized the 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.

- 26.2 Hawaii's 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, 1996 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.

- 26.3 The domestic violence status 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 and adopted on October 18, 2001.

- 26.4 The Department consulted with the Financial Assistance Advisory Council with regards to work eligible individuals who claim a disability that impedes in their ability to obtain and maintain employment. 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 and adopted on October 18, 2001.
- 26.5 The administrative rules regarding the medical evaluation board and the evaluation of work eligible individuals who claim a disability, 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 administrative rules were finalized and adopted on January 20, 2005.
- 26.6 Hawaii established employment subsidy placement services that was piloted in 2004-2005. The Supporting Employment Empowerment (SEE) program was officially implemented as a supportive service through the FTW program in 2006.
- 26.7 The earned income disregard was increased on January 13, 2010, when the administrative rules were finalized. The earned income disregard for recipients increased from 36% to 55% from month one (1) through month 24. The public comment period was from October 25, 2009. A public hearing was held on November 23, 2009.
- 26.8 The 2013 Hawaii Legislature passed an administrative bill submitted by the Department to disregard assets in determining TANF eligibility. The bill was signed into law by (former) Governor Neil Abercrombie on April 18, 2013.
- 26.9 The Department promulgated administrative rules to support Individual Development Account (IDA) programs. These administrative rules were finalized on January 22, 2002.
- 26.10 The standard of assistance (SOA), also used as the monthly assistance allowance (MAA), was increased from 48% to 62% of the standard of need, effective March 1, 2025. The maximum SOA/MAA is set in the Hawaii Revised Statutes (HRS) and is based at a percentage of Hawaii's FPG. Any adjustments to the SOA/MAA will require amendments to the HRS done through the state legislative process.

## Part G - Certifications

### 27.0 CERTIFICATION AUTHORITY

The State of Hawaii operates 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 the TANF program, 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.

### 28.0 CERTIFICATION THAT THE STATE OPERATES A CHILD SUPPORT ENFORCEMENT PROGRAM

The State operates a child support enforcement program.

### 29.0 CERTIFICATION THAT THE STATE OPERATES A FOSTER CARE AND ADOPTION ASSISTANCE PROGRAM

The State operates 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.

### 30.0 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 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.



**31.0 CERTIFICATION THAT THE STATE PROVIDES INDIANS WITH EQUITABLE ACCESS TO ASSISTANCE**

The State provides 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.

**32.0 CERTIFICATION OF STANDARDS AND PROCEDURES TO ENSURE AGAINST PROGRAM FRAUD AND ABUSE**

The State 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.

**33.0 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/>.

**34.0 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.

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

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

- A. Establishes and enforces 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. Ensures 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. Enforces 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 19 2025

DATE

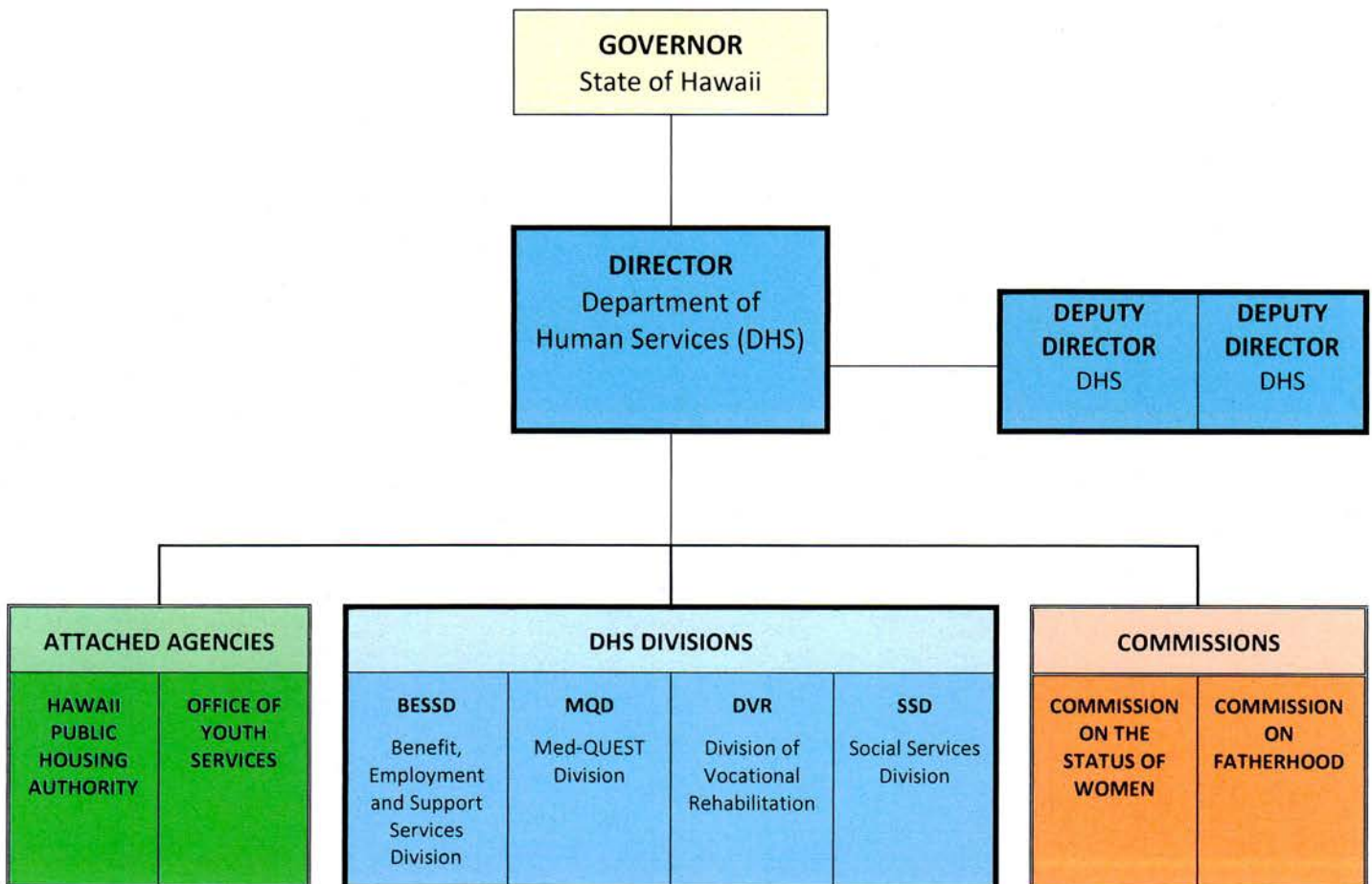
## Part H - Attachments

ATTACHMENT NO.	DOCUMENT TITLE
Attachment A – 1	DHS Organizational Chart
Attachment A – 2	Form DHS 1240, <i>Application for Financial and SNAP Assistance</i>
Attachment A – 3	Brochure, <i>How to Use Your Kokua EBT Card</i>
Attachment B – 1	Form DHS 1259, <i>TANF Work Program Referral and Requirements</i>
Attachment B – 2	Form DHS 1242, <i>TANF Memorandum of Understanding (MOU)</i>
Attachment B – 3	Form DHS 1260, <i>TANF Program Self-Declaration Screening Form to Claim Domestic Violence Status</i>
Attachment B – 4	Form DHS 1247, <i>TANF Program Notice of Requirement to Cooperate with Child Support Enforcement Agency and Right to Claim Good Cause</i>
Attachment C – 1	Child Care Rate Table
Attachment C – 2	Form 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	Form DHS 737, <i>First-To-Work Program One-Time Training and Work-Related Expenses for Participants Exiting TANF Due to Employment</i>
Attachment D – 1	Acronyms

# STATE OF HAWAII

## DEPARTMENT OF HUMAN SERVICES

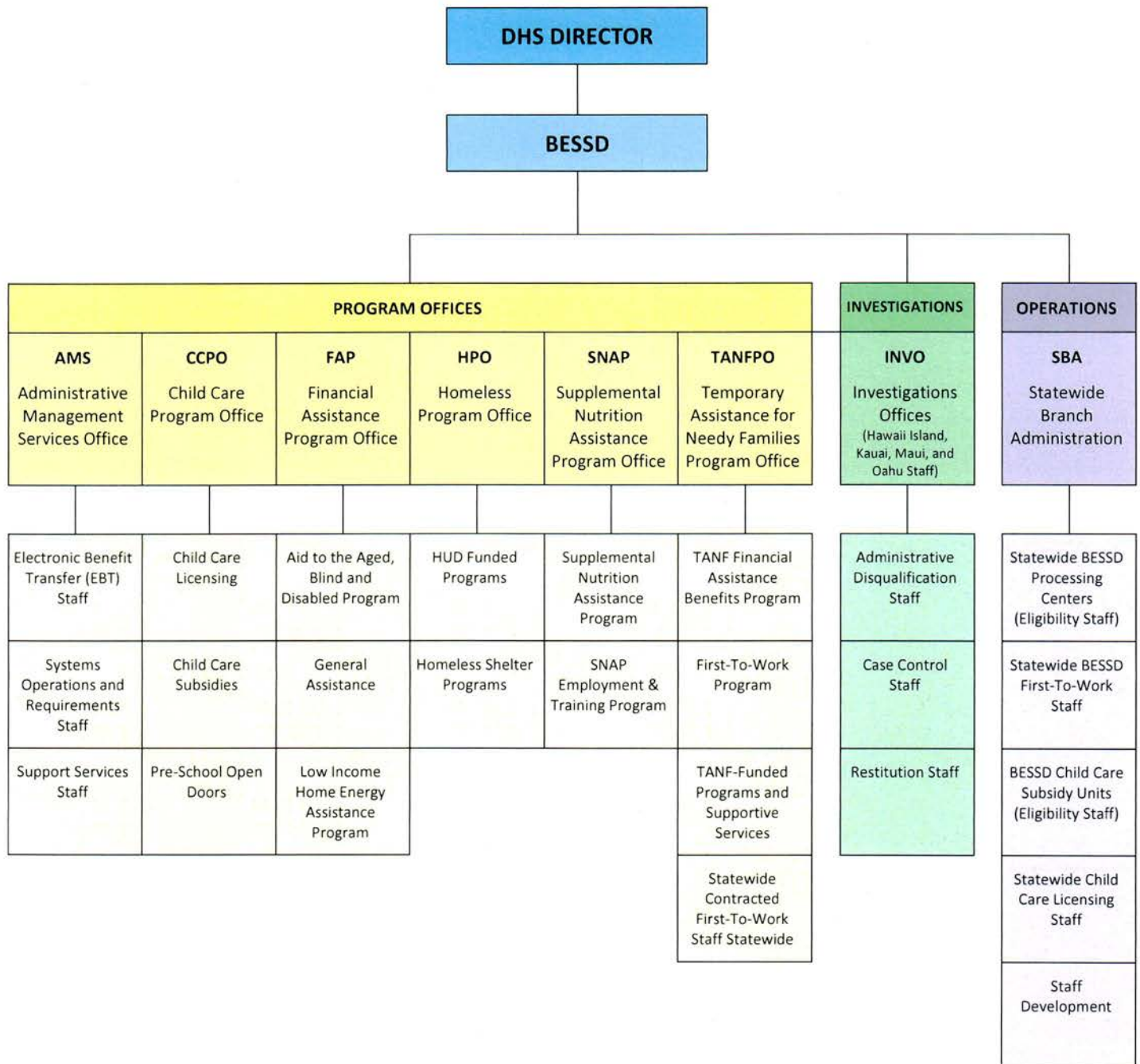
### Organizational Chart



## 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)**

Information provided by the applicant in connection with the application will be subject to verification by federal, state, or local officials to determine if the information is factual; that if any information is incorrect, SNAP may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information.

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 your 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/>

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form*, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Mail: Food and Nutrition Service, USDA  
1320 Braddock Place Room 334  
Alexandria, VA 22314

Fax: (833) 256-1665 or  
(202) 690-7442

Email: [FNCSIVILRIGHTSCOMPLAINTS@USDA.GOV](mailto:FNCSIVILRIGHTSCOMPLAINTS@USDA.GOV)

This institution is an equal opportunity provider.

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

Do you need help in another language? We will get you a free interpreter. Call <b>(1-888-975-7328)</b> to tell us which language you speak.	English
您需要其它語言的幫助嗎？如有需要，請致電 <b>(1-888-975-7328)</b> ，我們會提供免費翻譯服務。 您需要其它语言的帮助吗？如有需要，请致电 <b>(1-888-975-7328)</b> ，我们会提供免费翻译服务。	廣東話/广东话 (Chinese - Cantonese)
您需要其它語言的幫助嗎？如有需要，請致電 <b>(1-888-975-7328)</b> ，我們會提供免費翻譯服務。 您需要其它语言的帮助吗？如有需要，请致电 <b>(1-888-975-7328)</b> ，我们会提供免费翻译服务。	國語/普通话 (Chinese - Mandarin)
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori <b>(1-888-975-7328)</b> omw kopwe ureni kich meni kapas ka ani.	Kapasen Chuuk (Chuukese)
Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona <b>(1-888-975-7328)</b> `oe ia la kaua a e ha`ina `oe ia la maua mea `olelo o na `aina `e.	‘Ōlelo Hawai‘i (Hawaiian)
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>(1-888-975-7328)</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo.	Ilokano (Ilocano)
貴方は、他の言語に、助けを必要としていますか？ 私たちは、貴方のために、無料で 通訳を用意で きます。電話番号の、 <b>(1-888-975-7328)</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。	日本語 (Japanese)
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. <b>(1-888-975-7328)</b> 로 전화해서 사용하는 언어를 알려주십시오	한국어 (Korean)
Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok <b>(1-888-975-7328)</b> im kwalok non kim kajin ta eo kwo melele im kenono kake.	Kajin Majeļ (Marshallese)
E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea <b>(1-888-975-7328)</b> pea e mana'o mia se fesosoani mo se faaliliu upu.	Gagana Samoa (Samoan)
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al <b>(1-888-975-7328)</b> y díganos que idioma habla.	Español (Spanish)
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa <b>(1-888-975-7328)</b> para sabihin kung anong lengguwahe ang nais ninyong gamitin.	Tagalog (Tagalog)
คุณต้องการความช่วยเหลือทางด้านภาษาหรือไม่ ทางเราจะจัดหาล่ามฟรีให้คุณ โทรที่เบอร์ <b>(1-888-975-7328)</b> และบอกเราว่าคุณพูดภาษาอะไร	ภาษาไทย (Thai)
Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi <b>(1-888-975-7328)</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào.	Tiếng Việt (Vietnamese)
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa <b>(1-888-975-7328)</b> aron magpahibalo kung unsa ang imong sinulti-han.	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 sign 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**

I am not currently receiving one or both of these benefits and would like to apply for:

☐ SNAP Benefits☐ Financial Assistance

I am currently receiving benefits and would like to renew my:

☐ SNAP Benefits☐ Financial Assistance

YOUR NAME (Last, First, M.I.)		YOUR SOCIAL SECURITY NO.		BIRTHDATE		PHONE NO.	
SPOUSE'S NAME (Last, First, M.I.)		SPOUSE'S SOCIAL SECURITY NO.		SPOUSE'S BIRTHDATE		MESSAGE PHONE NO.	
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRECTIONS TO YOUR HOME)		APT/SPACE NO.	CITY & STATE		ZIP CODE	MILITARY BASE (IF RESIDING IN BASE HOUSING)	
YOUR MAILING ADDRESS (IF DIFFERENT FROM THE ABOVE NUMBER AND STREET)		APT/SPACE NO.	CITY & STATE		ZIP CODE		
HOW MANY PERSONS PURCHASE FOOD AND PREPARE MEALS WITH YOU? (INCLUDE YOURSELF)		HOW MANY PERSONS DO NOT PURCHASE FOOD AND PREPARE MEALS WITH YOU?		ARE THEY RELATED TO ANYONE IN YOUR HOUSEHOLD?		HOW MANY CHILDREN LIVE WITH YOU?	
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE WHO NAME:		<input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN IS THE BABY DUE? DATE:	

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

☐ Financial☐ SNAP

Answer the EMERGENCY ASSISTANCE questions below only if you need help right away. If you meet the EMERGENCY ASSISTANCE requirements, you will be interviewed and may be provided SNAP benefits within seven (7) days and your financial eligibility will be determined within two (2) working days.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your home a seasonal farm worker whose only source of income for the month terminated before applying and income of less than \$25 is expected within the next 10 days?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your home have cash or savings or bank accounts? Is yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your home received or expects to receive money this month? If yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently working and being paid? If yes, how much do you earn monthly? _____ When was your last pay (either cash or direct deposit) received? (Date) _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently paying for 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 a temporary facility and have to get out in five days? If yes, name of facility? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently without a place to live?

**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 financial assistance, 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. Applicants will be scheduled for the first available appointment. You will be notified of the date and time of your appointment.

**YOU MAY BE APPROVED FOR SNAP WITHIN SEVEN (7) CALENDAR DAYS IF YOUR HOUSEHOLD MEETS ONE OF THE FOLLOWING:**

- 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 or more within the next 10 days and has liquid assets of less than \$100.

A single interview is sufficient when applying for both SNAP and financial assistance. Appointments are scheduled based on the date you apply.

SIGNATURE OR MARK OF ADULT APPLICANT

DATE

SIGNATURE OR MARK OF SPOUSE OF OTHER ADULT APPLICANT  
(This signature is required for financial assistance only)

DATE

WITNESS IF SIGNATURES ARE "X"

DATE



1. HOUSEHOLD MEMBERS										Refer to codes below for responses to questions marked with the corresponding asterisk symbols (*)			
On line #1, enter the name of the primary person who will receive the financial and/or SNAP benefits for your household. If spouse is in the household, list spouse on line #2. Then list the other household members who are applying for assistance. For financial assistance applicants, if anyone in the home is pregnant, list "unborn child" as a household member. All other household members <u>not applying</u> for assistance shall be listed under section #2.	SEX	RELATIONSHIP #1	BIRTHDATE	SOCIAL SECURITY NUMBER  (42 USC 1320b-7 requires that SSNs be provided for each household member applying for assistance.)	ETHNIC	RACE	MARITAL STATUS	YES or NO	HIGHEST GRADE COMPLETED	NAME OF CHILD'S PARENT(S) IF NOT IN THE HOME (SKIP IF APPLYING ONLY FOR SNAP)	Was child's mother married to child's father at time of birth? (Check one)		
											Yes	No	
Last Name, First, M.I.	M/F		MO/DAY/YR										
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. These people do not need to give us information about their citizenship, immigration status or social security number. 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		NM - Never Married	
PA - Parent	GC - Grandchild	SS - Step Sibling	NH - Not Hispanic		ML - Married, Living with Spouse	
CH - Child	NR - Not Related	ST - Step Parents	(***) Race Codes - Select one or more codes below		DI - Divorced	
SI - Sibling	OR - Other Related	CL - Common Law	WH - White	JA - Japanese	LS - Legally Separated	
AU - Aunt/Uncle	UB - Unborn	CO - Cousin	BL - Black	KO - Korean	MS - Separated	
NN - Niece/Nephew	FC - Foster Child	SC - Step Child	AI - American Indian or Alaskan Native	CH - Chinese	MI - Married, Involuntary Separation	
			HA - Hawaiian	FI - Filipino	WI - Widowed	
			SA - Samoan	OA - Other Asian	CL - Common Law	
				OP - Other Pacific Islanders		



**FINANCIAL ASSISTANCE AUTHORIZED REPRESENTATIVE**

I permit the following individual to be my representative TO APPLY FOR FINANCIAL ASSISTANCE on my behalf, as I am unable to do so myself (elderly, handicapped, 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.
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## ELECTRONIC BENEFIT TRANSFER AUTHORIZED REPRESENTATIVE

I permit the following individual to HAVE ACCESS TO MY FINANCIAL 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. a. 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): \_\_\_\_\_
- b. Has anyone in the household been convicted as of February 7, 2014 of aggravated sexual assault, murder, or sexual exploitation of children? ☐ 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 of perjury the citizenship status of each household member. The Department of Human Services (DHS) may validate the immigration status with the United States Citizenship and Immigration Services (USCIS). USCIS will furnish information only as allowed by the Immigration Reform and Contract Act (IRCA) of 1986. USCIS is not allowed to institute any adverse action against you based on the DHS inquiry, and the information received from USCIS may affect your eligibility or amount of benefits from DHS. **I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION BELOW ON EACH HOUSEHOLD MEMBER IS CORRECT.**

[illegible]

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 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 ages 18 through 54 and are an able-bodied adult without dependents (ABAWD), you will only be eligible for three (3) 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 per week. Have you participated in a work/training program under the Employment and Training (E&T) program, Workforce Innovation and Opportunity Act (WIOA), or Trade Adjustment Assistance (TAA) Act? ☐ Yes ☐ No

NAME	WORK 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 below. 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 applied for any type of income listed below? Check "Yes", "No" or "Pending" (if awaiting approval) for each source of income. If "Yes" is checked, complete the information about the income source.

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		\$	
			Lottery and/or Gaming Winnings		\$	
			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 provide verification.**

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:**

NAME OF ROOMER OR BOARDER	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

Shelter expenses are used as a deduction from your household's countable income to determine the amount of SNAP benefits your household may be entitled to receive. Expenses that are not reported and verified will not be allowed as a deduction from your countable income in determining your SNAP benefit amount. To claim expenses in the future, your household will need to report and verify expenses in which adjustments to your benefits, if any, will take effect the month after the verification is received by DHS.

### SHELTER EXPENSES

26. Does any person or agency outside of 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 you pay for or provides 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. Does your household pay any shelter and/or utility expenses (such as rent, electricity, property tax)? Check "Yes" or "No". If "Yes" is checked, complete the information for each item below:

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 ☐ Telephone

If yes, choose one of the following options "A" or "B" for each utility billed separately:

Electricity/Gas \_\_\_\_\_ Water \_\_\_\_\_ Sewer/Trash \_\_\_\_\_ Telephone \_\_\_\_\_

#### 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 with copies of utility bills.

ANY QUESTIONS REGARDING THESE OPTIONS CAN BE DISCUSSED DURING YOUR INTERVIEW. 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. Also, list estimates for anticipated medical expenses for the next 12 months for members of your household who are:

- (1) Aged 60 years 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 financial assistance and/or SNAP benefits will be used to check identities of household members to 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 receiving financial assistance and/or SNAP benefits.

**(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 taken by DHS, and may ask the Legal Aid Society of Hawai'i, or anyone you want, to help you 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 of our oral and written communication to you will be in English. If you do not understand what you hear or read, please inform DHS 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 based on race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also based on religion or political beliefs. To file a complaint of discrimination, you may contact the DHS Civil Rights Compliance Office, the U.S. Department of Agriculture (USDA), or the U.S. Department of Health and Human Services.

Department of Human Services  
Civil Rights Compliance Office  
1390 Miller Street, Room 214  
Honolulu, Hawai'i 96813

USDA Food and Nutrition Services  
Assistant Secretary for Civil Rights (ASCR)  
1320 Braddock Place, Room 334  
Alexandria, VA 22314

U.S. Department of Health and Human Services  
Office for Civil Rights, Centralized Case Management Operations  
200 Independence Ave., S.W. Suite 515F, HHH Building  
Washington, D.C. 20201

Phone: (808) 586-4955

Phone: (866) 632-9992 (voice and TDD)

Customer Response Center: 1-800-368-1019 or 1-800-537-7697 (TDD)

USDA and HHS are equal opportunity providers and employers.

**(3) APPLICANT RESPONSIBILITIES:**

- For SNAP and financial assistance, complete and sign the application.
- Complete an eligibility interview.
- Provide required information, documentation, and verification, such as birth certificates, government issued IDs, paystubs, bank statements, utility bills, etc.
- For the financial assistance programs: Apply for and develop potential sources of income and/or assets.

Applicants for SNAP and financial assistance who fail to meet all of the eligibility factors; fail to cooperate with DHS by providing the information and verification necessary to determine eligibility by DHS deadlines; fail to apply for and develop potential sources of income and/or assets when known; or refuses to inform DHS of the amount of the unapplied for and undeveloped potential source of income and assets when known, shall be ineligible.

**(4) 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 financial assistance accounts and 274 days for SNAP accounts will be returned to DHS.

**(5) 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 financial assistance 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 programs, 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 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 receive financial assistance and SNAP benefits 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 financial assistance and SNAP benefits.

**(6) 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(s) of the person(s) (such as medical professionals, employers, and applicable state or federal agencies) 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 all DHS staff, 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 DHS.
- I authorize DHS to release information from my case to the Social Security (SS) advocate contracted by DHS. This information will be used to help get SS benefits for me. The types 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 DHS 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.

**(7) ASSIGNMENTS AND AGREEMENT:**

- ASSIGNMENT OF RIGHTS:** I understand that as a condition of eligibility for financial assistance, I am assigning to the State of Hawai'i any rights to child and spousal support that I may receive from another person, for myself and/or any family member(s) for whom I am applying for or receiving financial assistance. This assignment includes rights to support from previous as well as present and future financial 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.

**(8) 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 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.

**(9) Temporary Assistance for Needy Families (TANF) Program Memorandum of Understanding:**

The TANF program provides time-limited financial assistance for families with dependent children under the age of 18 years. Families may receive no more than sixty (60) months of financial assistance benefits in their lifetime. After receiving the first 2 full months, the TANF benefits will be reduced by 20% thereafter unless the household is exempt from this reduction. Non-cooperation with the TANF Program requirements without good cause will result in ineligibility for financial assistance benefits. As a condition of eligibility, families are required to:

- Furnish a social security number for each household member;
- Cooperate with the Child Support Enforcement Agency to pursue additional financial support for your child(ren) if there is an absent parent; and
- Participate and comply with the work program requirement through the First-To-Work program.

**(10) 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, 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 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 financial assistance only)	DATE	WITNESS IF SIGNATURE IS "X"
<b>(11) CERTIFICATION BY AUTHORIZED REPRESENTATIVE <input type="checkbox"/> OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION <input type="checkbox"/>: (Please check off one box)</b> I helped the applicant fill out this form. I understand that anyone helping another person in dishonestly getting benefits is subject to criminal penalties. I certify that the answers given by me on this form <input type="checkbox"/> is what I know personally about him/her; or <input type="checkbox"/> was provided by the applicant/recipient.				
SIGNATURE		RELATIONSHIP		DATE
HOME ADDRESS				PHONE NO.
<b>(12) IN CASE OF EMERGENCY OR DEATH, THE PERSON TO CONTACT IS: (Please Print)</b>				
NAME	RELATIONSHIP	PHONE NO.	ADDRESS	

## State of Hawai'i Processing Centers

O'ahu	<b>Kapolei Processing Center</b> 601 Kamokila Boulevard, #117 Kapolei, Hawai'i 96707 Phone: 1-855-643-1643 Fax: 808-692-7783	<b>Ko'olau Processing Center- Luluku</b> 45-513 Luluku Road Kāne'ohe, Hawai'i 96744 Phone: 1-855-643-1643 Fax: 808-233-5358	<b>KPT Processing Center</b> 1485 Linapuni Street, #122 Honolulu, Hawai'i 96819 Phone: 1-855-643-1643 Fax: 808-832-3392
	<b>OR&amp;L Processing Center</b> 333 North King Street, #200 Honolulu, Hawai'i 96817 Phone: 1-855-643-1643 Fax: 808-586-8138	<b>Pohulani Processing Center</b> 677 Queen Street, #400B Honolulu, Hawai'i 96813 Phone: 1-855-643-1643 Fax: 808-587-5297	<b>Wahiawā Processing Center</b> 1008 California Avenue, Bldg. B Wahiawā, Hawai'i 96786 Phone: 1-855-643-1643 Fax: 808-622-6484
	<b>Wai'anae Processing Center</b> 86-120 Farrington Highway, #A103 Wai'anae, Hawai'i 96792 Phone: 1-855-643-1643 Fax: 808-697-7184	<b>Waipahu Processing Center</b> 94-275 Moku'ola Street, #303A Waipahu, Hawai'i 96797 Phone: 1-855-643-1643 Fax: 808-675-0038	

Maui County	<b>Maui Processing Center - Lunalilo</b> 35 Lunalilo Street, #300 Wailuku, Hawai'i 96793 Phone: 1-855-643-1643 Fax: 808-243-5114	<b>Maui Processing Center - State Building</b> 54 High Street, #125 Wailuku, Hawai'i 96793 Phone: 1-855-643-1643 Fax: 808-984-8333
	<b>Lāna'i Sub-Unit</b> 730 Lāna'i Avenue Lāna'i City, Hawai'i 96763 Phone: 1-855-643-1643 Fax: 808-565-6460 Mailing Address: PO Box 631374 Lāna'i City, Hawai'i 96763	<b>Moloka'i Sub-Unit</b> 55 Maka'ena Place, #1 Kaunakakai, Hawai'i 96748 Phone: 1-855-643-1643 Fax: 808-553-1720 Mailing Address: PO Box 70 Kaunakakai, Hawai'i 96748

Hawai'i Island	<b>North Hilo Processing Center</b> 13 Kekaulike St. Hilo, Hawai'i 96720 Phone: 1-855-643-1643 Fax: 808-933-8856	<b>South Hilo Processing Center</b> Kino'ole Plaza 1990 Kino'ole Street, #108 Hilo, Hawai'i 96720 Phone: 1-855-643-1643 Fax: 808-981-2819	<b>Kamuela-Hāmākua Sub-Unit</b> State Office Building 1, #110 45-3380 Māmane Street Honoka'a, Hawai'i 96727 Phone: 1-855-643-1643 Fax: 808-775-8858
	<b>Ka'ū Sub-Unit</b> Nā'ālehu Civic Center 95-5669 Māmalahoa Highway Nā'ālehu, Hawai'i 96772 Phone: 1-855-643-1643 Fax: 808-929-9500 Mailing Address: PO Box 6 Nā'ālehu, Hawai'i 96772	<b>South Kona Sub-Unit</b> Captain Cook Civic Center 82-6130 Māmalahoa Highway, Bldg. 2 Captain Cook, Hawai'i 96704 Phone: 1-855-643-1643 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 Highway Kapa'au, Hawai'i 96755 Phone: 1-855-643-1643 Fax: 808-889-7132 Mailing Address: PO Box 249 Kapa'au, Hawai'i 96755
	<b>North Kona Unit</b> 75-5722 Hanama Place, Ste. 1105 Kailua-Kona, Hawai'i 96740 Phone: 1-855-643-1643 Fax: 808-327-4684		

Kaua'i	<b>Kaua'i Processing Center</b> Former Līhu'e Courthouse Building 3059 'Umi Street, #A110 Līhu'e, Hawai'i 96766 Phone: 1-855-643-1643 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	<input type="checkbox"/> Applicant declined to sign questionnaire	State Agency ID: A017
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**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 agpannuray 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

☐ Applicant declined to sign questionnaire

State Agency ID: A017

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



# How to Use Your Kokua EBT Card



For account information, visit  
**www.ebtEDGE.com**

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

## When do I call Customer Service?

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

## What if I plan to move or change my address?

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

Check your balance and get other account information on the Internet at

**www.ebtEDGE.com**

## Customer Service

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

*Make use of your Kokua EBT Card is 1111/awfj,  
please use your card wisely!*

## Tips to take care of your Kokua 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.

"hi, in ttituti, n ban equal 01:portuniti" promkr unj cmrloicr

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## 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.

## 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 a receipt 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. It will give you the current amount on your account. If 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 Kokua 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 Kokua 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.



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

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

- buy selected food items at any participating store

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

1. Know your balance before you go shopping.
2. Swipe your Kokua 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.

These 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 KOKUA EBT CARD AT AN AUTOMATED TELLER MACHINE (ATM)

For 3 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 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 Kokua EBT Card?

Each month your benefits will automatically be added to your account. You will use the same Kokua 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 Kokua 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 business 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 Kokua EBT Card?

You can use your Kokua 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 undressed 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 Kokua 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?

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 Kokua 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**

Attachment B-2, Page 1 of 1

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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)**

Attachment B-2, Page 1 of 1

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Name of Applicant / Recipient

Case Number

Processing Center

Date

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**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

Attachment B-3, Page 1 of 1

- 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**

Attachment B-4,  
Page 1 of 1

Name of Applicant / Recipient	Case Number	Processing Center	Date
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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**

<b>Type of Care</b>	<b>Full-Time Care</b>	<b>Part Time Care</b>
<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

**EXHIBIT I**

## CHILD CARE RATE TABLE

Attachment C-1, Page 2 of 2

Program Accreditation

\* NAFCC refers to National Association for Family Child Care Accreditation

\*\*summer and Intersession care rates are the same as the rates listed here. All Rates include an estimate of travel time.

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

**EXHIBIT I**

1

3414

**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

Type of Expenses	Maximum
Automobile Down Payment (may be used as full payment)	\$1,000
Automobile Inspection Fees (e.g., safety check, inspection prior to purchase, etc.)	\$500
Automobile Repair (includes tires, batteries, key replacement, and tow to repair shop)	\$1,000
Beauty, Cosmetics, and Grooming Expenses (e.g., haircut, basic makeup, etc.)	\$100
Books and 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
Technology Equipment (e.g., computer, printer, point-of-sale device, etc.)	\$750
Tools, Furniture, Equipment, and Supplies	\$500
Towing Fees and Impound/Storage Fees (to release automobile)	\$400
Tuition and 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  0 % family co-pay	101%-115% FPG  1 % family co-pay	116%-130% FPG  2 % family co-pay	131 %-145% FPG  3 % family co-pay	146%-160% FPG  4 % family co-pay	161%-175% FPG  5 % family co-pay	176%-190% FPG  6 % family co-pay	191 %-205% FPG  7 % family co-pay	206%-230% FPG  8 % family co-pay	231% FPG-elig. limit  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



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

Attachment C-4, Page 1 of 1

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

Type of Expenses	Maximum
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, and tow to repair shop)	\$1,500
Beauty, Cosmetic and Grooming Expenses (e.g., haircut, basic make-up)	\$100
Books and Manuals	\$1,000
Certificate and 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
Technology Equipment (e.g., computer, printer, point-of-sale device, etc.)	\$1,000
Tools, Furniture, Equipment and Supplies	\$1,500
Towing Fees and Impound/Storage Fees (to release automobile)	\$500
Tuition and Registration Fee for Vocational Training (courses not eligible for financial aid)	\$2,500
Union Dues and Membership Fees	\$1,000

**ACRONYMS**

<b>ACRONYM</b>	<b>DEFINITION</b>
ATM	Automated Teller Machine
BESSD	Benefit, Employment and Support Services Division
CSEA	Child Support Enforcement Agency
DHS	State Department of Human Services
DLIR	State Department of Labor and Industrial Relations
DRA	The Deficit Reduction Act of 2005
EBT	Electronic Benefits Transfer
EIDR	Earned Income Disregard
FPG	Federal Poverty Guideline
FTW	First-To-Work program
HAR	Hawaii Administrative Rules
HRS	Hawaii Revised Statutes
IDA	Individual Development Account
MOE	Maintenance of Effort
NCP	Non-Custodial Parent
OWEI	Other Work Eligible Individual
PAIS	Public Assistance Information System
POS	Point of Sale
PRWORA	The Personal Responsibility and Work Opportunity Reconciliation Act of 1996

ACRONYM	DEFINITION
SEE	Supporting Employment Empowerment Program
SNAP	Supplemental Nutrition Assistance Program
SOA	Standard of Assistance
SON	Standard of Need
TANF	Temporary Assistance for Needy Families
TAONF	Temporary Assistance for Other Needy Families
TCC	Transitional Child Care
WEI	Work Eligible Individual