



Executive Office on Early Learning (EOEL)
Public Prekindergarten Program

Application Packet

School Year 2022-2023



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Eligibility Requirements and Application Information School Year 2022-2023

Thank you for your interest in the EOEL Public Prekindergarten Program. Please read the following information to find out about the program's eligibility requirements, application requirements, and acceptance and enrollment processes.

Is my child eligible for this program?

Children must be age four on or before July 31 of the current school year. For school year 2022 - 2023, children born on or between August 1, 2017 - July 31, 2018 are eligible. In addition to the age requirement, please see areas of priority for acceptance into the program on p. 3 (How do children qualify for the program?).

When can applications be submitted?

Applications and required documents can be submitted starting March 1, 2022 for the upcoming 2022 - 2023 school year. Please note that applications must be submitted in their entirety to be considered for eligibility. Incomplete packets will be returned and must be re-submitted in their entirety.

How are children accepted?

Once a child is determined to be eligible for the EOEL Public Prekindergarten Program, selection for the program is based on the order in which complete packets (applications and all required documents) are received. For complete packets received from March 1, 2022 to May 31, 2022 priority is given to those applying to their home schools. A home school is the school your child would attend based on the geographic location of your residence.

Each class is limited to 20 students. As our state progresses through the months ahead in addressing the COVID-19 pandemic, class sizes may be changed to no more than 10 children per group to address the health and safety needs of the children and staff. Please check our website at earlylearning.hawaii.gov for updates.

As space is limited, it is recommended that families submit the completed application and required documents as soon as possible.

Which school will I submit the application and required documents to?

Complete and submit the attached application along with the required documents to the school you would like your child to attend (see listing of schools on page 6).

A geographic exception is not required for the EOEL Public Prekindergarten Program. However, priority is given to children who are applying to their home schools. These are the children who live within the geographic boundaries of the school. Contact the nearest school to find out whether your family resides in the school's home school area.

What do I need to submit to the school?

A complete packet includes all documents listed on page 7 (Application Checklist). An application will not be accepted without all the required documents. Please also attach a self-addressed, stamped envelope with each packet.

How do children qualify for the program?

In addition to the age requirement, priority is provided to children whose situations include, but are not limited to, one or more of the following:

- Children who are eligible for **special education services** under the Individuals with Disabilities Act (IDEA) and require general education placement.
- Children in **foster care**.
- Children who are experiencing **homelessness** or **unstable housing**.

“Homeless” means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- **Unsheltered:** Has no regular place to stay at night and lives in a campground, car, beach/park, abandoned building, street, or any other inadequate living space.
- **Shelter:** Lives in an emergency, transitional or domestic violence shelter.
- **Hotel/Motel:** Lives in a hotel or motel due to lack of other suitable housing, **excludes** temporary lodging for military persons awaiting housing.
- **Doubled up:** Lives temporarily with family or other persons due to loss of housing or as a result of economic hardship.

- Children who are **dual or multi-language learners**.
- Children who are experiencing **at-risk situations** which may impact their learning and development.
- Families with annual/monthly **Gross Family Income** at or below 300% of the Federal Poverty Guidelines OR who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**).

Family Size	Maximum <u>Monthly</u> Gross Income*	Maximum <u>Yearly</u> Gross Income*
2	\$5,265	\$63,180
3	\$6,623	\$79,470
4	\$7,980	\$95,760
5	\$9,338	\$112,050
6	\$10,695	\$128,340
7	\$12,053	\$144,630
8	\$13,410	\$160,920
9	\$14,768	\$177,210
10	\$16,125	\$193,500

*300% of Federal Poverty Guidelines (FPG) for Hawai'i as of January 2022.

1. For packets received by May 31, 2022. Children applying to their home school (who live within the geographic boundaries of that school) are enrolled in the order in which completed applications and all required documents were received by the school. If space is still available after May 31st, non-home school students are then enrolled in the order in which complete packets are received by the school.

Schools will send letters of acceptance or denial to parents/legal guardians. Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.

2. For packets received from June 1, 2022: Available spaces are filled solely based on the order in which complete applications and all required documents were received by the school. In other words, from June 1, there is no priority given to children applying to home schools. Schools will send letters of acceptance or denial to parents/legal guardians as applicable. Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.
3. Once spaces are filled, the remaining applicants will be placed on a school-managed waitlist based on the order in which packets are received. Schools will send letters to parents/legal guardians notifying them of waitlist status.

Are there other programs besides EOEL Public Pre-K Program?

EARLY HEAD START & HEAD START

Early Head Start (EHS) and Head Start (HS) are federally-funded programs providing comprehensive health, education, family support and family engagement services and resources to income-eligible children. Services are provided in classrooms (part-day or full-day) or through weekly home visits.

EHS serves pregnant women, infants and toddlers and their families. HS serves preschool children and their families.

Part-day programs (8am-2pm) are offered at no cost to families, and full-day programs are offered at affordable rates. Children with special needs, as well as children who are in the foster care system or who are experiencing homelessness are given priority in the EHS/HS programs.

For more information about EHS and HS including contact information, go to the [Hawai'i Head Start Collaboration Office page](#) on the EOEL website.

YOUR 'OHANA Programs

Your 'Ohana programs are home visitation programs providing support to you and your family with health, child development, and school readiness. Learn how to guide your family's well-being and provide better opportunities for your children through regular visits with a trained professional.

Your 'Ohana programs serve pregnant women, keiki from ages 0-5, and their families.

All programs offered through Your 'Ohana are offered at no cost to families and are voluntary.

For more information about Your 'Ohana, including contact and eligibility information, go to the [Your 'Ohana](#) website and click "Enroll Today."

You can also find information about other [low to no-cost early childhood development and learning programs](#) on the EOEL website.

EOEL Public Prekindergarten Program DOE Schools

Island	School	Phone	Principal
Hawai'i	Chiefess Kapi'olani Elementary	808-974-4160	Kimberly Castillo
	Hilo Union Elementary	808-933-0900	Bryan Arbles
	Hōnaunau Elementary	808-328-2727	Noreen Kunitomo
	Honoka'a Elementary	808-775-8820	Rory Souza
	Kea'au Elementary	808-313-4600	Stacey Bello
	Keonepoko Elementary	808-313-4500	Kasey Eisenhour
	Kohala Elementary	808-889-7100	Hannah Loyola
	Konawaena Elementary	808-313-6300	Michael McCloskey (TA)
	Mountain View Elementary	808-313-3200	Wilma Roddy
	Nā'ālehu Elementary	808-313-4000	Darlene Javar
	Pāhoa Elementary	808-313-4400	Michelle Payne-Arakaki
Kaua'i	'Ele'ele Elementary	808-335-2111	Allison Carveiro
	Kekaha Elementary	808-337-7655	Chelsie Ruiz (Teacher-in-Charge)
Lāna'i	Lāna'i HS and Elementary	808-565-7900	Douglas Boyer
Maui	Kula Elementary	808-876-7610	Lisa McClintock
	Pukalani Elementary	808-727-3900	Ty Ogasawara
Molokai	Kaunakakai Elementary	808-567-7200	Daniel Espaniola
	Kilohana Elementary	808-774-8400	Shona Pineda
O'ahu	'Aiea Elementary	808-305-4400	Ryan Ishimoto (TA)
	Hale'iwa Elementary	808-637-8237	Malaea Wetzel
	Kailua Elementary	808-266-7878	Allyson Doherty
	Kalihi Uka Elementary	808-305-6200	Derek Santos
	Kapālama Elementary	808-832-3290	Ronald Oyama
	Keolu Elementary	808-266-7818	Kau'i Tanaka
	Likelike Elementary	808-832-3370	Kelly Bart
	Linapuni Elementary	808-305-2150	Tami Haili
	Nānāikapono Elementary	808-305-7800	Christine Udarbe
	Nānākuli Elementary	808-307-8600	Lisa Ann Higa
	Pālolo Elementary	808-733-4700	Gary Harada
	Pu'uhale Elementary	808-832-3190	Arnie Kikkawa
	Waiāhole Elementary	808-239-3111	Alexandra Obra
	Waialua Elementary	808-307-2600	Varissa Pata
	Wai'anae Elementary	808-305-2900	Sheldon Konno (TA)
Waimānalo Elementary & Int.	808-259-0460	Noel Richardson	

Application Checklist

for Parents/Legal Guardians (School Year 2022-2023)

_____ **Find out how to apply.**

Obtain a copy of the Application Packet from any one of the EOEL Public Prekindergarten Program schools or download an application from the [EOEL Public Pre-K Program](#) page.

_____ **Find out if you are applying to your home school or not.**

Contact the school to find out if you reside in the Home School area (within the geographic boundaries of the school). If you do, ask what documents are accepted for proof of residency. Make a copy of each document.

_____ **Make a copy of ONE (1) of the age-verifying documents listed below:**

- **Birth Certificate**, official copy issued by State Department of Health (hospital documents and abstracts are not accepted)
- OR **Passport**

_____ **Make a copy of ONE (1) of the following verification documents listed below for each parent/legal guardian:**

- **DHS Form 1463 (Request for Information)**
Take this form to Department of Human Services (DHS) to be completed by their staff. See instructions and sample in the packet. You will need to complete DHS Form 1465 in order for DHS to release your benefit information on DHS Form 1463. Additional information is included in the packet.
- OR **2021 Federal Income Tax Return 1040 including all 2021 W-2s**
Remove all social security numbers. See samples in the packet.
- OR **Benefit Verification Letter** from Social Security Administration (SSA) to show evidence of Supplemental Security Income (SSI) eligibility. This letter is sometimes called a “budget letter,” a “benefits letter,” a “proof of income letter,” or a “proof of award letter.” See sample in the packet.
- OR **Evidence of Foster Care** from Department of Human Services.

_____ **Complete the application.**

Obtain a copy of the application from any one of the EOEL Public Pre-kindergarten Program schools or download an application from the [EOEL Public Pre-K Program](#) page.

_____ **Attach a self-addressed, stamped envelope for each application.**

_____ **Submit a complete packet** (which includes a **completed, signed and dated application and copies of all required documents**), to the school where you are applying. Wait for notification by mail regarding your child’s eligibility for the program.

**Please make sure you submit a completed, signed and dated packet.
Incomplete packets will be returned and must be re-submitted in their entirety.**

QUESTIONS? Contact your nearest school or EOEL at 808-784-5350 or EOEL.Info@eoel.hawaii.gov.

**THIS PAGE
INTENTIONALLY
LEFT BLANK**



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2022 – 2023

ELIGIBILITY

Your child must be four years old on or before July 31 of the current school year.

For school year 2022 - 2023, your child's birthday must fall **on or between August 1, 2017 - July 31, 2018.**

In addition to the age requirement, priority is provided to children whose situations include one or more of the following listed below:

- Families with annual/monthly **Gross Family Income** at or below 300% of the Federal Poverty Guidelines (see table on page 3 of application packet)
OR who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**).
- Children in **foster care**.
- Children who are experiencing **homelessness** or **unstable housing**.
- Children who are **dual or multi-language learners**.
- Children who have been identified as having a **special need or disability** (IDEA--Individuals with Disabilities Act, Special Education Services) with general education placement.
- Children who are experiencing **at-risk situations** which may impact their development and learning.

REQUIRED DOCUMENTS

Documents that you must provide in order to process your application.

1. Completed EOEL application with signature(s) of **parent(s)/legal guardian(s)**.
2. Child/applicant's **birth certificate or passport**.
3. **Income documentation:** 2021 Tax Form 1040 (two pages) and ALL 2021 W2 Forms OR DHS Verification Letter.*
*Foster parents are not required to provide income documentation.
4. IDEA services with a general education placement for a **special need or disability:** Please inform school office so they can provide EOEL with appropriate documents.
5. **Foster care:** documentation from Department of Human Services.
6. **Adoption or legal guardianship:** legal documents and possibly additional documents.
7. **Other at-risk situations** (including homelessness or unstable housing), additional documents are required. Please contact your school office.

Child Information

Information about the CHILD.

Name of SCHOOL applying to		
Child's legal name	Birth date	Gender
What is your child's first acquired language ? _____		
What is the language most often spoken at home? _____		
What language is most often used by your child? _____		
Residence address (number and street)	City/town, state, and ZIP code	
Mailing address (if different from residence address)	City/town, state, and ZIP code	

First Parent/Legal Guardian Information

Information about the first parent/guardian responsible for the child.

First parent/legal guardian's legal name		Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Residence address (number and street)		City/town, state, and ZIP code
Mailing address (if different from residence address)		City/town, state, and ZIP code
Home phone number	Cell phone number	Additional phone number
Email address		

Second Parent/Legal Guardian Information

Information about the secondary parent/guardian responsible for the child.

Not Applicable

Second parent/legal guardian's legal name		Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Residence address (number and street)		City/town, state, and ZIP code
Mailing address (if different from residence address)		City/town, state, and ZIP code
Home phone number	Cell phone number	Additional phone number
Email address		

Early Head Start Services

for Birth to 3 Years of Age and Expectant Mothers

I am interested in Early Head Start services for my infant/toddler and/or myself.

Note: Early Head Start is NOT part of the EOEL Public Pre-K Program. It is operated by federally funded private agencies at affordable rates or at no cost to families. By checking/marking the box above, I am agreeing to share my contact information with Early Head Start.

Your 'Ohana Programs (Home Visiting)

for Birth to 5 Years of Age and Expectant Mothers

I am interested in Your 'Ohana Programs for my family, keiki, and/or myself.

Note: Your 'Ohana programs are NOT part of the EOEL Public Pre-K Program. These programs are supported by the Department of Health and are provided at no cost to families. By checking/marking the box above, I am agreeing to share my contact information with the Your 'Ohana programs.

SIGN HERE

Please read, then **SIGN** and date your application.

I hereby certify that the information provided in this application and in the supporting documents is complete and true to the best of my knowledge. I agree to provide additional information and documentation upon request to complete my application.

First parent/legal guardian's signature	Date
Second parent/legal guardian's signature (if applicable)	Date

- Remove all Social Security Numbers from view.
- Submit ALL pages with copies of Form 1040(s) & W-2(s).
- Only 2021 1040(s) and 2021 W-2(s) will be accepted.

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2021** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Last name Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
 Foreign country name Foreign province/state/county Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):
 (1) First name Last name (2) Social security number (3) Relationship to you (4) If qualifies for Child tax credit Credit for other dependents

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRA distributions	4a
5a	Pensions and annuities	5a
6a	Social security benefits	6a
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
8	Other income from Schedule 1, line 10	8
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9
10	Adjustments to income from Schedule 1, line 26	10
11	Subtract line 10 from line 9. This is your adjusted gross income	11
12a	Standard deduction or itemized deductions (from Schedule A)	12a
b	Charitable contributions if you take the standard deduction (see instructions)	12b
c	Add lines 12a and 12b	12c
13	Qualified business income deduction from Form 8995 or Form 8995-A	13
14	Add lines 12c and 13	14
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113206B Form 1040 (2021)

Page 2

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16
17	Amount from Schedule 2, line 3	17
18	Add lines 16 and 17	18
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19
20	Amount from Schedule 3, line 8	20
21	Add lines 19 and 20	21
22	Subtract line 21 from line 18. If zero or less, enter -0-	22
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23
24	Add lines 22 and 23. This is your total tax	24
25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2021 estimated tax payments and amount applied from 2020 return	26
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>	27a
b	Nontaxable combat pay election	27b
c	Prior year (2019) earned income	27c
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Recovery rebate credit. See instructions	30
31	Amount from Schedule 3, line 15	31
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32
33	Add lines 25d, 26, and 32. These are your total payments	33
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a
b	Routing number	
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number	
36	Amount of line 34 you want applied to your 2022 estimated tax	36
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37
38	Estimated tax penalty (see instructions)	38

Amount You Owe
 Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Third Party Designee
 Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation
 If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation
 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. Email address

Paid Preparer Use Only
 Preparer's name Date PTIN Check if: Self-employed
 Firm's name ▶ Phone no. ▶
 Firm's address ▶ Firm's EIN ▶

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2021)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

a	Employee's social security number	1	Wages, tips, other compensation	2	Federal income tax withheld
b	Employer identification number (EIN)	3	Social security wages	4	Social security tax withheld
c	Employer's name, address, and ZIP code	5	Medicare wages and tips	6	Medicare tax withheld
		7	Social security tips	8	Allocated tips
d	Control number	9		10	Dependent care benefits
e	Employee's first name and initial Last name Suff.	11	Nonqualified plans	12a	See instructions for box 12
		13	Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
		14	Other	12c	
				12d	
f	Employee's address and ZIP code				
15	State Employer's state ID number	16	State wages, tips, etc.	17	State income tax
		18	Local wages, tips, etc.	19	Local income tax
				20	Locality name

Form **W-2** Wage and Tax Statement **2021** Department of the Treasury—Internal Revenue Service
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) Safe, accurate, FAST! Use

COVID-19 Notice

Temporary Assistance for Needy Families (TANF) & Supplemental Nutrition Assistance Program (SNAP)

The Department of Human Services (DHS) requests that families mail documents or use drop boxes at processing centers.

1. Complete **DHS Form 1465 – Consent to Release** and sign it. DHS will keep this form for their records.
2. Leave **DHS Form 1463 - Request for Information** blank. DHS will complete this form and return it to you. Include a stamped, self-addressed envelope so that the DHS Form 1463 can be returned to you. If possible, please make copies of your documents and record the drop off date.
3. Please mail or drop off **DHS forms 1463 and 1465** to a DHS processing center. Both forms are provided in this packet.
4. Once you receive **DHS Form 1463** back from DHS, you will submit it to the school with your EOEL Public Prekindergarten Program Application packet.

CONSENT TO RELEASE INFORMATION

I _____, hereby give my

(1) (Circle One: Applicant / Recipient / Legal Guardian)

permission to the Department of Human Services, Benefit, Employment and Support Services Division (BESSD) to release information from their records pertaining to me or my family to:

(2) (Name of Person / Organization)

(3) The information to be reviewed / released is limited to the following: _____

(4) This information is to be used for: _____

(State Purpose)

(5) This consent is good until _____ (not to exceed one year from date signed
(month) (day) (year) unless I cancel it in writing to DHS-BESSD)

I understand why the information is being requested, how it will be used, and that this consent is time limited for my protection.

(6) (Signature of Applicant / Recipient / Legal Guardian)

(7) (Date)

(8) (Address of Applicant / Recipient)

(9) (Social Security No. or Birthdate of Applicant/Recipient)

I hereby agree that the information released will be used only for the purposes stated above and will not be released to any other individual, agency, or organization (HRS 346-10).

(10) (Signature of person receiving / reviewing information)

(Date)

Return Completed Form To:

(11) (Stamp Unit name and address)

(12) Worker's Name

Telephone No.

Complete two (2) copies:

Original – Case Record

Copy – Client

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

REQUEST FOR INFORMATION

RE:

_____ (Date)

Per your request, we are providing to you the information below.

This is to certify that _____ is currently receiving the

Following benefits (check boxes and fill in benefit amount): Financial Assistance \$ _____

Food Stamps \$ _____ Child Care Assistance \$ _____

Other: _____ \$ _____ from the Department of Human Services.

(Signature of Person Certifying the Above)

(Position of Person Certifying the Above)

(Unit Address)

(Phone Number)

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

REQUEST FOR INFORMATION

RE:

John Doe
(name of child listed on EOEL application)

(Date)

Per your request, we are providing to you the information below.

This is to certify that Lucy Doe is currently receiving the
(Name of primary adult household member)

Following benefits (check boxes and fill in benefit amount): Financial Assistance \$ \$600 (monthly payment amount)

Food Stamps \$ \$750 (monthly payment amount) Child Care Assistance \$ _____

Other: _____ \$ _____ from the Department of Human Services.

Attach benefit history printouts.

Provide beginning and end certification dates of DHS approved benefit
(e.g. SNAP Certification from October 2021 to September 2022)

List Household Members receiving benefits.

(Signature of Person Certifying the Above)

(Position of Person Certifying the Above)

(Unit Address)

(Phone Number)

Please **BRING THIS SAMPLE WITH YOU** to a Department of Human Services (DHS) processing center. This form needs to be completed by a DHS caseworker.

Aloha Department of Human Services caseworker:

In order to verify eligibility for the EOEL Public Prekindergarten Program, the following information must be included on this form:

1. Verification of TANF or SNAP assistance.
2. Monthly payment amount and the certification period.
3. Confirmation that the child listed on the application is included in the TANF or SNAP household.
4. List of household members receiving benefits

Mahalo for your help!!

