

# Preschool Open Doors



Application for Preschool Tuition Assistance



**PATCH**

Supporting Hawaii's Child Care Needs



## What is Preschool Open Doors?

**Preschool Open Doors (POD)** is an early childhood education and care project funded by the State of Hawaii. POD helps children go to preschool by helping their families pay the preschool costs.

## Why should my child go to preschool?

Preschool gives children the boost they need to get ready for kindergarten. It teaches them that school can be fun! Children learn how to get along with others and how to work as part of a group.

## How much of my child care expenses will POD pay?

POD has sliding scales, based upon State of Hawaii Child Care Assistance guidelines. Depending on family size and income, families may be required to pay some of the monthly child care cost.

## Who can qualify for POD assistance?

To qualify, your family must meet the following requirements:

- 1. Age of Child:** First priority will be given to four-year old children from special populations who are four years by December 31 of the year applying for the program. Second priority will be four-year old children. Some three year-old children from special populations may also qualify if funding is available. (*See Priority Group listing.*)
- 2. Family Income:** Your family's gross monthly income (before taxes and deductions) must be within the allowable income limits. If your gross monthly income is **less than** the amount listed for your family size, you **may be** eligible for Preschool Open Doors funding.

<u>Family Size</u>	<u>Gross Income Limit (<i>subject to change</i>)</u>
1	\$2431
2	\$3179
3	\$3927
4	\$4675
5	\$5423

### Priority Group Listing

**Priority may be given to the following children:**

- 1) 4-year old children who will be four years old by December 31 of the year applying for the program, with special needs that designate them eligible for Special Populations Referral.
- 2) 4-year old children who will be four years old by December 31 of the year applying for the program.
- 3) 3-year old children who will be three years old by December 31 of the year applying for the program, with special needs that designate them eligible for Special Populations Referral.

**Special populations referral, or children with special needs may be as follows:**

- children who are "environmentally at-risk" as defined by the Department of Health
- children who are homeless
- children who have limited English skills and non-English speaking parents
- applied for Department of Education (DOE) Special Education programs and do not qualify for DOE

# INSTRUCTION SHEET

## APPLICATION FOR PRESCHOOL TUITION ASSISTANCE

Please list mother's name as the **Parent/Guardian** unless the father is the sole caregiver.

Be sure to include the mailing address if different from the home address listed on the application.

### **CHILD INFORMATION**

- Give complete information on the child for whom you are applying. Please include child's full name and birthdate.
- If you are currently receiving child care assistance from any State of Hawaii Department of Human Services (DHS) program, please check the appropriate box.
- Please indicate if the child you are applying for is a foster child.
- If this is a foster child, please include the appropriate legal documentation (DHS 1591B form and DSSH 1508 form).

### **FAMILY INFORMATION**

- Complete the following information for each family member now living in your home **including** the **Parent/Guardian** listed at the top of the application and the name of the **child**.
- Do not** list any other relatives such as grandparents, aunts, uncles and/or cousins unless they are the primary caretaker(s) for the child.
- Be sure to specify the relationship of family members to **child**.
- Also include the social security numbers for each family member listed.

### **SPECIAL POPULATIONS REFERRAL**

If your child has special needs, a **Special Populations Referral Form** **must** be completed by an agency representative or health professional. Your child **will not** be considered a Special Populations Referral **without** a completed **Special Populations Referral Form**.

Please see enclosed **SPECIAL POPULATIONS FORM** for details.

### **FAMILY INCOME**

- Write the amount of **each** household member's gross monthly income in the boxes provided
- Be sure to total **all** household member's gross monthly income and include in the space provided

**Please provide supporting documentation for ALL sources of income**

### **SELF-EMPLOYMENT**

- If you are self-employed, complete the two enclosed **Report of Self-Employment Earnings** forms for the past two months and submit a copy of your **General Excise Tax License**. If you have business expenses, copies of receipts must be submitted.

### **VERIFICATION SIGNATURE(S)**

- Parent(s) or Guardian(s) must sign and date application form.



**Preschool Open Doors**  
677 Queen Street, Suite 400A  
Honolulu, HI 96813  
Tel: 587-5254  
Toll Free: 1-800-746-5620

Dear Prospective Applicant:

**We are pleased to announce the Preschool Open Doors program has begun our open enrollment for the school year 2010-2011 to provide a subsidy for your child's preschool costs in Hawaii.** Families with children born in 2006 or children born in 2007 with "special needs" (who are not eligible for the DOE Special Education program) are eligible to apply. A designated health/social services professional must complete and sign the **Special Populations Referral Form** included with the application for "special needs" children. If you are interested in having your child experience a preschool setting prior to Kindergarten and meet the income eligibility requirements, complete the enclosed application.

**The submission of an application does not guarantee acceptance into the POD program.** The application period will be open from March 1, 2010 to April 30, 2010. Applications must be **postmarked no later than April 30, 2010.** Our office will inform applicants of their eligibility status by letter on July 1, 2010. If your family is eligible, assistance should begin from August 2010 to July 2011 **OR** September 2010 to August 2011. All you will need to do is find a preschool that will enroll your child.

**Monthly Gross Income limits**

<b><u>Family Size</u></b>	<b><u>Gross Income Limits</u></b>
2	3,179
3	3,927
4	4,675
5	5,423
6	6,171
7	6,312
8	6,452

We look forward to receiving your application for this preschool subsidy. If you should have any questions regarding the POD program, please feel free to call us at (808) 587-5254 on Oahu, or toll free from the neighbor islands at (800) 746-5620. Thank you again and Aloha!

Sincerely Yours,

Preschool Open Doors Staff

AN EQUAL OPPORTUNITY AGENCY



**FAMILY INCOME**

Parent/Guardian #1

Parent/Guardian #2

Source of Income

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Source of Income	Amount Per Month		Amount Per Month	
		Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month)		Pay Periods: <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (two times per month) <input type="checkbox"/> Monthly (one time per month)
Wages/Salaries (before deductions)				
DHS Financial Assistance				
Net Income from Self-Employment*				
Child Support/Alimony				
Social Security/SSI Benefits				
Unemployment Insurance				
Worker Comp/ TDI				
Veterans Benefits				
Other				
<b>Total income per person:</b>				

Total Monthly Income for ALL household members \$ \_\_\_\_\_

**VERIFICATION SIGNATURE(S):**

I hereby certify that all the information contained on this form is true and correct to the best of my knowledge. I submit this application with the understanding that I will give any additional information which may be needed and will allow the Department to verify my statements either with me or through other sources as necessary.

I fully understand and accept my responsibility to report changes in my situation including changes in my child care, school/training schedule, income or residence within 10 calendar days. Furthermore, I understand that if I fail to report changes and receive services to which I am not entitled, the amount of overpayment will be collected from me, and I may be prosecuted for fraud.

**ELECTRONIC BENEFITS TRANSFER (EBT):** I am responsible to report lost, stolen, or misused EBT cards immediately by calling the EBT toll-free customer service telephone number. I understand that there will be no replacement of any benefits accessed with an EBT card prior to the card being reported lost, stolen or misused. I am responsible to report immediately any changes in the status of my alternate payee. I understand there will be no replacement of any benefits accessed by alternate payees or any other individuals using an EBT card and a valid PIN. I understand that for DHS "cash assistance household" accounts, EBT benefits not withdrawn for ninety (90) days will be returned to the State. I understand that benefits that are returned to the State may be used to offset any outstanding debts that are still owed by my household. (HAR 17-681-51 and 17-681-56)

I understand that I have a right to request a case record review and administrative appeal if I do not agree with the Department's decision on my application for services.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Signatures are REQUIRED from each parent/guardian living in the home and responsible for the child.)**



**SPECIAL POPULATIONS REFERRAL**  
(for 3- and 4-Year Old Children Only)

**To be completed by parent**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Middle First Month Day Year  
Parent/Guardian Name: \_\_\_\_\_  
Last Middle First  
Mailing Address: \_\_\_\_\_  
No. & Street or P.O. Box City Zip Code  
Telephone Numbers: \_\_\_\_\_  
Home Work Other

**Please have a health professional or agency representative complete only ONE of the four sections that applies to your child. A health professional or agency representative MUST be the one to complete the appropriate section.**

**LEP (Limited English Proficiency) REFERRAL**

**Child must have limited English proficiency and the family or adults caring for the child must be limited-English speakers. Indicate the degree of proficiency.**

Person making referral: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary language(s) spoken at home: \_\_\_\_\_  
**Parent(s) English proficiency:** Fair\_\_\_ Poor\_\_\_ None at All\_\_\_  
**Child's English proficiency:** Fair\_\_\_ Poor\_\_\_ None at All\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOMELESS REFERRAL**

**Child's family MUST be receiving services because of homelessness.**

Person making referral: \_\_\_\_\_ Title: \_\_\_\_\_  
Office/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Brief Description of family's situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL NEEDS**

**“Special Needs” means that the child has a physical, developmental, behavioral, or an emotional health condition that is outside the normal range.**

If applicable, this section should be completed by an agency representative or health professional familiar with the child and/or family situation. This may include, **but is not limited to**, the following: State of Hawaii IM/public assistance worker, school teacher, pediatrician, public health nurse, social worker, counselor or therapist familiar with the child and family, or a representative from Healthy Start or a DOH Children’s Team.

Person making referral: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of child’s needs. Briefly describe the child’s health, development, or emotional **Special Needs**:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENVIRONMENTAL RISK**

**Environmental Risk means the physical, social, or economic factors which may limit development. This may include, but is not limited to, the following conditions:**

**One of the following conditions:**

- Parental age – less than 16 years
  - Any existing physical, developmental, emotional, or psychiatric disability in a primary caretaker
  - Abuse or any legal or illegal substance by a primary caretaker
  - Child abuse and neglect of target child or sibling
- OR-**

**Two of the following conditions:**

- Single Parent
- Incarceration of a primary caretaker
- Birthweight: (Less than 5.5 lbs.)
- Parental age: 16-18 years and less than high school education
- Economically disadvantaged family (less than 100% Federal Poverty Income Guidelines for Hawaii)
- Presence of physical, developmental, emotional, or psychiatric disability in a sibling or other family member in home

Person making referral: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Briefly describe the child’s Environmental Risk conditions listed above. Details of confidential family information may be omitted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR AGENCY USE ONLY**

(\*) **IV. GROSS SELF-EMPLOYMENT INCOME** ..... \$ \_\_\_\_\_

(HOW VERIFIED)

**BUSINESS EXPENSES:**

NOTE: DO NOT LIST PERSONAL EXPENSES AND TAXES (I.E., SELF-EMPLOYMENT, SOCIAL SECURITY, FEDERAL, STATE) THAT YOU PAY. HOWEVER, IF YOU HAVE EMPLOYEES, LIST THE SALARY, TYPES AND AMOUNTS OF TAXES THAT YOU PAY ON THEIR BEHALF IN THIS SECTION. (YOU CANNOT BE AN EMPLOYEE OF YOUR OWN BUSINESS).

Expenses Verified By:

(\*) GENERAL EXCISE LICENSE FEE ..... \$ \_\_\_\_\_

(\*) GENERAL EXCISE TAX .....  
(     %    of gross income) ..... \$ \_\_\_\_\_

(\*) OTHER (LIST BUSINESS EXPENSES):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
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LESS TOTAL EXPENSES ..... -\$ \_\_\_\_\_

NET EARNED INCOME ..... \$ \_\_\_\_\_

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)



**FOR AGENCY USE ONLY**

(\*) **IV. GROSS SELF-EMPLOYMENT INCOME** ..... \$ \_\_\_\_\_

(HOW VERIFIED)

**BUSINESS EXPENSES:**

NOTE: DO NOT LIST PERSONAL EXPENSES AND TAXES (I.E., SELF-EMPLOYMENT, SOCIAL SECURITY, FEDERAL, STATE) THAT YOU PAY. HOWEVER, IF YOU HAVE EMPLOYEES, LIST THE SALARY, TYPES AND AMOUNTS OF TAXES THAT YOU PAY ON THEIR BEHALF IN THIS SECTION. (YOU CANNOT BE AN EMPLOYEE OF YOUR OWN BUSINESS).

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(\*) GENERAL EXCISE LICENSE FEE ..... \$ \_\_\_\_\_

(\*) GENERAL EXCISE TAX .....  
(     %   of gross income) ..... \$ \_\_\_\_\_

(\*) OTHER (LIST BUSINESS EXPENSES):  
\_\_\_\_\_ \$ \_\_\_\_\_  
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\_\_\_\_\_ \$ \_\_\_\_\_

LESS TOTAL EXPENSES ..... -\$ \_\_\_\_\_

NET EARNED INCOME ..... \$ \_\_\_\_\_

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

## Required Documents to Determine Eligibility

The following documents are required to determine eligibility. Enclose COPIES of these documents with your signed application. **FAXED APPLICATIONS AND REQUIRED DOCUMENTS WILL NOT BE ACCEPTED**

Please note that **INCOMPLETE** applications **CANNOT BE PROCESSED** and **WILL BE DELAYED**.

### Birth Certificate

- Send a copy **ONLY** for child who is applying for tuition assistance.
- The Birth Certificate needs to be issued from the Department of Health. If you need to request a birth certificate, please call the Department of Health at 586-4533.
- 

### Social Security Cards

- Send a copy for **EVERYONE** listed in the Family Information section of the application.
- If you need to request a card, please call the Social Security Administration at 1-800-772-1213. (Social Security Cards take up to 2-3 weeks, therefore request a receipt to send with application until card is received)

### Family Income

#### Pay stubs:

- Send copies of pay stubs covering (pay dates) the last **TWO CONSECUTIVE MONTHS** (or at least eight consecutive weeks) for **ALL** household members (please indicate pay dates on your pay stubs)
- If you started a new job, a letter from your employer, specifying start date, hourly wage, and hours worked per week, and your gross monthly earnings will be accepted.
- Gross monthly income will be used to determine eligibility. (Total Entitlements for Military pay-stubs)

#### Self-employment:

- If you are self-employed, complete the two enclosed **Report of Self-Employment Earnings Forms** for the last two months of income (one form per month).
- Send a copy of your General Excise Tax License.
- If you have business expenses, copies of receipts **must** be submitted.

### Special Populations Referral Form

- If applicable, **Special Populations Referral Form** must be completed by an agency representative or health professional familiar with the child and/or the family situation

### Other Documents

- Send verification of State of Hawaii financial assistance, Social Security benefits, SSI, Unemployment insurance benefits, Veteran's benefits, workers compensation, child support and/or alimony, Temporary Disability Insurance (TDI).

### Document Checklist:

#### Required

- Application (signed and dated)
- Birth Certificate
- Social Security Card (s)
- Pay stubs (last two months)  
Month \_\_\_\_\_  
Month \_\_\_\_\_

#### If applicable

- Special Populations Referral Form
- Self Employment Form (last two months)
- Other Documents:  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Thank you for your interest in the Preschool Open Doors Program. Please **complete, sign, and mail** the enclosed **Application for Preschool Tuition Assistance** with **ALL** required documents to:

**Preschool Open Doors**  
Attn: Applications Department  
677 Queen Street Room 400A  
Honolulu, Hawaii 96813