



**Preschool Open Doors (POD) Spring Application Period
January 4, 2023 to March 31, 2023**

The Department of Human Services (DHS), Benefit, Employment and Support Services Division (BESSD) has begun accepting applications for the 2023-2024 Preschool Open Doors (POD) program. The Spring application period is January 4, 2023 to March 31, 2023

Children born between August 1, 2018 and July 31, 2019 are eligible to apply for the 2023-2024 POD year. Income eligibility limits apply (see below).

Monthly Gross Income Limits

| <u>Family Size</u> | <u>Gross Income Limits</u> |
|---------------------------|-----------------------------------|
| 1 | 2,755 |
| 2 | 3,718 |
| 3 | 4,680 |
| 4 | 5,643 |
| 5 | 6,605 |
| 6 | 7,568 |
| 7 | 8,530 |
| 8 | 9,493 |

The POD program helps eligible Hawaii families pay preschool fees for up to one year during the year prior to kindergarten entry. Priority enrollment goes to underserved or at-risk children whose families complete the POD Special Populations Referral form. The DHS 913A POD form is included in the POD application packet.

To be considered for the 2023-2024 POD year, **the POD office must receive your application by the March 31, 2023 deadline.** Applications post-marked, but not received by **March 31, 2023**, will not be considered.

Submitting an application does not guarantee acceptance into the POD program. The POD office will mail applicants notification of their application status, no later than April 30, 2023. Depending on your child's preschool start date, POD assistance may cover enrollment from July 1, 2023 through June 30, 2024.

If your family is selected, upon receipt of all required POD enrollment documents, including your selection of the preschool that meets your child's needs, your child will be enrolled. If you are not selected for the POD program, your application may be placed on a waiting list. These wait-listed applicants may be selected for future POD participation if funds become available.

The DHS administers the POD program. For more information about POD, call (808) 791-2130 on Oahu, or toll-free from the neighbor islands at (800) 746-5620.

Aloha,

PATCH
Preschool Open Doors
560 N. Nimitz Hwy, Ste. 218
Honolulu, HI 96817

SINGLE APPLICATION FOR CHILD CARE ASSISTANCE OVERVIEW

CHILD CARE CONNECTION HAWAII (CCCH) ELIGIBILITY REQUIREMENTS

1. Child must be under age 13, or 13 through 17, and unable to care for self;
2. Child must be a US citizen or a Lawful Permanent Resident;
3. Child for whom assistance is being requested must reside with the applicant;
4. Income eligibility for the household size (see CCCH program info [here](#));
5. Parent(s)/guardian(s) must be (select all that apply):
 - Employed or be attending school or a job training program;
 - At risk of losing employment because child care is needed;
 - Offered a job and need child care to start employment;
 - Receiving Child Protective Services (CPS);
6. Family will select the child care provider that meets the DHS requirements that best meets the needs of the family and child(ren).

Send to: CCCH - the nearest CCCH office, see [here](#)

Fax: - the nearest CCCH office, see [here](#)

Email: - the nearest CCCH office, see [here](#)

PRESCHOOL OPEN DOORS (POD) ELIGIBILITY REQUIREMENTS

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

POD applications are only accepted during DHS established application periods. POD applications received outside of an established application period *will be denied*.

Send to: POD - 560 N. Nimitz Hwy, #218, Honolulu, HI 96817

Fax: (808) 694-3066

Email: PODAdmin@patch-hi.org

DOCUMENTATION REQUIRED FOR THE APPLICATION FOR CHILD CARE ASSISTANCE

For parents/guardians:

- Copies of court decrees, custody agreements, legal guardianship
- Income verification, pay stubs, self-employment documents (G-45 tax form, General Excise tax license, income & business expenses)

Additional Requirements for the CCCH program only:

Employment verification or school registration which shows credits/hours enrolled or job training program enrollment.

If applicable: Child Welfare Services (CWS) court-ordered Family Service Plan or the Foster Custody Placement Agreement DHS 1508 form.

For children:

- Copies of birth certificates for all children; court decree or custodial documentation

Additional Requirements for the CCCH program only:

If not born in the US: US passport, Certificate of Naturalization, Certificate of Citizenship or permanent resident card ("Green Card");

If applicable: written verification from a state-licensed physician or psychologist if child is age 13 through 17 and unable to care for self.

For all:

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

STATE OF HAWAII – DEPARTMENT OF HUMAN SERVICES
Benefit, Employment and Support Services Division

SINGLE APPLICATION FOR CHILD CARE ASSISTANCE

I have read and understand the requirements for the Child Care Connection Hawaii (CCCH) program and the Preschool Open Doors (POD) program. I am submitting my application for: (please select)

- Child Care Connection Hawaii program
 Preschool Open Doors program
 BOTH Child Care Connection Hawaii and Preschool Open Doors

PLEASE PRINT

List all family members now living in your home. Please attach a separate sheet if more space is needed.

| NAME: Last | First | M.I. | *Social Security No. (Optional) | Birth Date (mm/dd/yy) | Race | Sex (M/F) | Marital Status | Active Duty, if yes, check one below |
|---------------------------------|-------|------|--|-----------------------|-----------------------------|-----------|--|---|
| Applicant | | | | | | | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single | <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve/ National Guard |
| Co-applicant | | | | | | | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single | <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve/ National Guard |
| Residence Address | | | | | Home Phone: | | <input type="checkbox"/> Check this box if your family is homeless or does not have a fixed, regular, and adequate nighttime residence. | |
| Mailing Address (if different) | | | | | Cell Phone: | | | |
| Primary Language Spoken at Home | | | Interpreter Services Needed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Work Phone: Applicant | | | |
| | | | | | Work Phone: Co-Applicant | | | |

| Name(s) of Child(ren) | *Social Security No. (Optional) | Birth Date (mm/dd/yy) | Race | Sex (M/F) | Special Needs | Child Care Requested |
|-----------------------|---------------------------------|-----------------------|------|-----------|---------------|----------------------|
| Child ^ | | | | | Yes No | Yes No |
| Child ^ | | | | | Yes No | Yes No |
| Child ^ | | | | | Yes No | Yes No |
| Child ^ | | | | | Yes No | Yes No |
| Child ^ | | | | | Yes No | Yes No |

^ For POD only, to be considered for priority services if applicable, complete the Special Populations Priority Referral Form (DHS 913A) if your POD child has special needs, has environmental factors, is homeless, or has limited English-proficiency.

| Applicant(s) Employment/School | Employer or School Address/Phone | Start Time (AM or PM) | End Time (AM or PM) |
|--------------------------------|--|-----------------------|---------------------|
| Applicant | | | |
| Co-applicant | | | |
| Reason for Child Care (select) | <input type="checkbox"/> No parental activity (POD only) <input type="checkbox"/> Employed <input type="checkbox"/> Offered a job <input type="checkbox"/> Attending school/job training <input type="checkbox"/> Receiving CPS services <input type="checkbox"/> At risk of losing job | | |

| Type of Monthly Income (ATTACH COPY OF INCOME INDICATED) | Gross Amount | Frequency received |
|--|--------------|--|
| Employment Earnings (including Self-Employment) from all earnings and applicants. If Self-Employed, contact the CCCH or POD program for forms needed to submit | \$ | <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (twice a month) <input type="checkbox"/> Monthly (one time per month) |
| Unemployment Insurance Benefits (UIB) | \$ | <input type="checkbox"/> Monthly (one time per month) <input type="checkbox"/> Other (explain how often) |
| Worker's Compensation / Temporary Disability Insurance (TDI) | \$ | <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) <input type="checkbox"/> Semi Monthly (twice a month) <input type="checkbox"/> Monthly (one time per month) |
| Child Support / Alimony | \$ | <input type="checkbox"/> Weekly (once per week) <input type="checkbox"/> Bi Weekly (every other week) |
| Adoption Assistance Payments | \$ | <input type="checkbox"/> Monthly (one time per month) |
| Military Allotment | \$ | <input type="checkbox"/> Semi Monthly (twice a month) <input type="checkbox"/> Monthly (one time per month) |
| Supplemental Security Income (SSI) / Retirement, Survivors & Disability Insurance (RSDI) | \$ | <input type="checkbox"/> Monthly (one time per month) <input type="checkbox"/> Other (explain how often) |
| Pension | \$ | <input type="checkbox"/> Monthly (one time per month) <input type="checkbox"/> Other (explain how often) |
| Other Income (Specify) | \$ | <input type="checkbox"/> Monthly (one time per month) <input type="checkbox"/> Other (explain how often) |
| TOTAL MONTHLY INCOME (sum of monthly total of all sources of income) | \$ | |

| | |
|---|--|
| Assets (Total assets in Applicant and/or Co-applicant's names, including ownership or partial ownership of property located in Hawaii and elsewhere, business or corporations, vehicles, jewelry, etc., but excluding any equity value in the home which is the usual residence of the household and excluding any equity for one vehicle.) | |
| TOTAL ASSETS VALUE EXCEEDS \$1 million (U.S. dollars) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STATEMENT OF APPLICANT

- 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 that the following changes are mandatory to be reported within 10 days of occurrence: gross income exceeds limit for family size, change in residence or mailing address, household members leave or are added to the family, change in marital status, change in child care provider, child care cost, care type or no longer need child care, CPS/CWS case closes, or for the CCCH program only a loss of employment, job training or stops attending school. Furthermore, I understand that if I fail to report changes and receive assistance to which I am not entitled, the amount of overpayment will be collected from me, and I may be prosecuted for fraud.
- I understand that I must report lost or stolen Electronic Benefits Transfer (EBT) cards immediately, or a misdispensement occurrence, by calling the EBT toll-free customer service telephone number. There will be no replacement of any benefits accessed with an EBT card prior to the report of the lost or stolen card or the report of the misdispensement occurrence.
- 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 child care payments are included in DHS "cash assistance household" accounts, and that child care benefits not withdrawn from my EBT account within ninety (90) days will be returned to the State. I understand that child care benefits that are returned to the State may be used to offset any outstanding overpayments owed by my household. (HAR §§17-798.2-20, 17-799-21, 17-681-51, 17-681-52, 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 child care assistance.

Signatures are required:

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____



**PRESCHOOL OPEN DOORS
INSTRUCTION SHEET AND DOCUMENT CHECKLIST FOR APPLICATION**

REQUIRED DOCUMENTS--The following documents are required to determine eligibility. Enclose **COPIES** of these documents with your signed application. Please note that **INCOMPLETE** applications **CANNOT BE PROCESSED** and **WILL BE DELAYED**.

REQUIRED:

APPLICATION

- Family Information - **Do not** list other adult relatives in the home such as grandparents, aunts, uncles, and/or cousins unless they are the primary caretaker(s) for the child or are financially responsible for the child.
- Be sure to specify the relationship of family members to the **child**.
- Also include the social security numbers for each family member listed on the application.
- Please indicate if the child you are applying for is a **foster child** on the application.
- If this is a foster child, please include the appropriate legal documentation (**DHS 1591B form and DSSH 1508 form**).
- Parent(s) or Guardian(s) must sign and date application form. In (2) parent households, both parents must sign.

BIRTH CERTIFICATE

- The Birth Certificate needs to be issued from the Department of Health, or other state's vital statistics agency if the child was not born in Hawaii. Please contact the Department of Health at 586-4533 to request a Hawaii birth certificate.

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.
- If choosing to provide social security numbers and cards, please provide for each family member on the listed on the application

PAY STUBS

- Send copies of pay stubs covering (pay dates for) the last ONE or TWO CONSECUTIVE MONTHS (or at least (4) or (8) consecutive weeks, and pay stubs must show the respective pay dates and pay periods) for **ALL** listed on the application
- If you started a new job a letter from your employer, specifying start date, hourly wage, hours worked per week, pay periods and your gross monthly earnings will be accepted.
- Gross monthly income will be used to determine eligibility.

IF APPLICABLE:

SPECIAL POPULATIONS PRIORITY REFERRAL FORM

- If applicable, the **Special Populations Priority Referral Form** must be completed by a professional familiar with your child and/or the family situation, such as a pediatrician, public health nurse, social worker, counselor or therapist.
- Your child **will not** be considered for a Special Populations Priority **without** a completed **Special Populations Priority Referral Form**.

SELF EMPLOYMENT (contact PATCH POD at Oahu: (808) 791-2130 or Toll Free: 1-800-746-5620 for more information and to be mailed the required forms

- Send a copy of your General Excise Tax License.
- If you have business expenses, copies of receipts **must** be submitted to determine eligibility.

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).

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

Preschool Open Doors
PATCH – Attn. Applications Department
560 N. Nimitz Hwy, Ste. 218
Honolulu, HI 96817
or fax to (808) 694-3066
or email: PODAdmin@patch-hi.org



**PRESCHOOL OPEN DOORS
SPECIAL POPULATIONS PRIORITY REFERRAL**

A. Family/Child Information (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

B. Special Populations category(ies) the child qualifies for (To be completed by referring professional):

In order for a child to be determined as "Special Populations" Priority for Preschool Open Doors, **at least one section** must be completed by a professional providing services and/or familiar with the child and family, such as a pediatrician, public health nurse, social worker, counselor, therapist, Healthy Start representative, or Department of Health (DOH) Children's Team.

1. **"Special Needs"** – the child has a physical, developmental, behavioral, or an emotional health condition that is outside the normal range.

2. **"Environmental Risk"**

must check 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-

must check 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

3. **"Homeless"** – the child's family must be participating in or enrolling in a program for homeless services.

4. **"Limited English Proficiency (LEP)"**

The child and family or adults caring for the child must have limited English proficiency. Indicate the degree of proficiency.

Primary language(s) spoken at home: _____

Parent(s) English proficiency: Fair___ Poor___ None at All___

Child's English proficiency: Fair___ Poor___ None at All___

C. Certification of Special Populations category(ies) the child qualifies for (To be completed by referring professional):

Description of child's Special Populations needs (details of confidential family information may be omitted):

I hereby certify that I am providing services and/or am familiar with the child and family, and in my professional capacity, I have determined that the child and family meet the above Special Populations category(ies) I have indicated.

Person making referral: _____ Title: _____

Agency/Office: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

For Preschool Open Doors staff only:

DHS Interpreter Services requested: ___ YES ___ NO DHS 5000 form Dated: _____ is attached.

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____

Interpreter Needed For: _____
(Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

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

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