



ARBOR E & T dba RESCARE WORKFORCE SERVICES CHILD CARE CONNECTION HAWAII SUBSIDY PROGRAM

APPLICATION CHECKLIST

Thank you for your interest in the Child Care Connection Program. The Child Care Connection Hawaii (CCCH) subsidy program helps low-income families to sustain their employment, educational efforts and job training by paying a subsidy for their children who are in the care of DHS-approved child care providers. Unless child care is required for protective purposes, families must meet income *and* activity requirements to qualify for this subsidy program.

To complete your application, we request your cooperation in submitting *COPIES* of the following documents along with the completed, signed, and dated application.

REQUIRED DOCUMENTS:

- Copies of birth certificates
 - Department of Health certified birth certificate for all children
 - Birth Certificates, US Passport, Certificate of Naturalization, Certificate of Citizenship, or Permanent Resident Card (Green Card)
- Valid photo ID for the applicant and co-applicant
 - State or Government Issued
- *Social Security Cards for all family members
 - **Strictly Voluntary – For agency use only*
 - *Refusal to provide copies will not affect the application process or amount of benefits you will receive*
- Copies of the applicant and co-applicant’s pay stubs or income verification
 - Current employment: Provide complete pay stubs or income verification for the past two months
 - New employment: Submit a new employment verification letter which includes the start date, pay rate, days and hours scheduled to work, and when you are paid (weekly, bi-weekly, monthly, semi-monthly)
- Self-employed: Complete two DHS 1273C Report of Self-Employment Earnings for the past two month’s income and the DHS 914 Self-Employment Certification Form. Submit with the following documents:
 - Current copy of the G45 tax form and General Excise tax license
 - Complete one (1) form DHS 1273C for each month of self-employment income
 - Copies for verification of income received (copies of invoices, bank deposit receipts, bank statements to show deposits)
 - Copies of receipts for business expenses
- Copies of verification for any other monthly income received including but not limited to:
 - Child support, Alimony, SSI, Unemployment Income, Temporary Disability Insurance (TDI)
- If the Applicant and/or Co-Applicant attend school, submit:
 - Copy of the official school schedule and class enrollment
 - Classroom attendance: Class schedule must include the days and time attending
 - Online Courses: Must include credits per course, required attendance if any (days/hours)
- CPS or Foster Children:
 - DHS 1508 Family Service Plan Agreement
 - Court ordered documents
- DHS 5000 Offer and Acceptance or Waiver of Free Interpreter Services
- Power of Attorney or Legal Guardianship documents (*if applicable*)

Honolulu Unit 101	Waipahu Unit 102	Hilo Unit 501	Kona Unit 601	Maui Unit 701	Kauai Unit 401
49 S. Hotel St Suite 301 Honolulu, HI 96813	94-216 Farrington Hwy. Suite B2-206 Box 323 Waipahu, HI 96797	101 Aupuni St Suite 128 Hilo, HI 96720	74-5620 Palani Rd. Suite 208 Kailua Kona, HI 96740	1063 Lower Main St. Suite C-209 Wailuku, HI 96793	4364 Hardy St Ste. F Mailing: 4371 Puaole St Ste. F Lihue, HI 96766
Ph.808.566.2600	Ph.808.356.5577	Ph.808.961.6807	Ph.808.334.6101	Ph.808.249.2461	Ph.808.245.2193
Fax: 808.537.2416	Fax 808.676.4912	Fax 808.961.6808	Fax 808.331.2324	Fax 808.249.2361	Fax 808.245.7620

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

APPLICATION FOR CHILD CARE SERVICES

ELIGIBILITY REQUIREMENTS (MUST MEET ALL)

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.

DOCUMENTATION REQUIRED

- Copies of birth certificates for all children, baptismal or hospital certificates, or court decree.
- Copies of birth certificates, US passport, Certificate of Naturalization, Certificate of Citizenship or permanent resident card ("Green Card").
- Birth document or other court decree. Applicant must be a parent (birth, adoptive, foster, hanai) or a legal guardian.

*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.

REASON FOR CHILD CARE (CHECK ALL THAT APPLY)

- Parents in Employment, Education or Training.
- Physical or mental incapacity of child, 13 – 17 years old, and child is unable to care for self.
- Family receives Child Protective Services (CPS).
- Parent/legal guardian may lose job because of child care problems.
- Parent/legal guardian has been offered a job and will start on _____.

**DOCUMENTATION REQUIRED
(PLEASE ATTACH TO COMPLETED APPLICATION)**

- School enrollment documents which show credits/ hours enrolled, income verification for the past 2 months, or if self-employed, current copy of G45 tax form and General Excise tax license.
- Signed statement from a state-licensed physician or psychologist.
- Child Welfare Services (CWS) Family Service Plan (court ordered).
- Written warning from employer.
- Written proof of job offer.

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"/> Active Duty <input type="checkbox"/> Reserve/ National Guard
Co-applicant								<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve/ National Guard
Residence Address					Home/Cell 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					Work Phone Applicant			
Primary Language Spoken at Home			Interpreter Services Needed? Yes No		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

Applicant(s) Employment/School	Employer or School Address/Phone	Start Time (AM or PM)	End Time (AM or PM)
Applicant			
Co-applicant			

Type of Monthly Income (ATTACH COPY OF INCOME INDICATED)	Amount
Employment Earnings (including Self-Employment)	\$
Unemployment Insurance Benefits (UIB)	\$
Worker's Compensation / Temporary Disability Insurance (TDI)	\$
Child Support/ Alimony	\$
Adoption Assistance Payments	\$
Military Allotment	\$
Supplemental Security Income (SSI) / Retirement, Survivors & Disability Insurance (RSDI)	\$
Pension	\$
Other Income (Specify)	\$
TOTAL 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, loss of employment, job training or stops attending school. 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.

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 services.

I understand that I must report lost or stolen Electronic Benefits Transfer (EBT) cards immediately, or a misdispense 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 misdispense occurrence.

I understand that I must immediately report any changes in the status of my 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.

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. Child care benefits that are returned to the State may be used to offset any outstanding overpayments owed by the household. (HAR §§17-798.2-20, 17-681-51, 17-681-52, and 17-681-56.)

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____
(Signature required for Co-applicant)

ELIGIBILITY DISPOSITION (For Department Use Only)	
<input type="checkbox"/> APPROVED	Family size _____ 85% SMI \$ _____ Total Income \$ _____ DATE OF ELIGIBILITY _____
<input type="checkbox"/> DENIED	<input type="checkbox"/> Family income: \$ _____, more than DHS Income Limit <input type="checkbox"/> Other reasons: _____ <input type="checkbox"/> Family assets: \$ _____, more than DHS Asset Limit
<input type="checkbox"/> APPLICATION WITHDRAWN	_____ Date _____ WORKER SIGNATURE _____ Date _____

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

CHILD CARE PAYMENTS
Parent/Guardian Rights and Responsibilities

YOU HAVE THE RIGHT TO:

1. Be notified of eligibility after Department receipt of your completed application / Simplified Report Form and supporting documents;
2. Appeal a Department decision if you feel you are not satisfied with the action taken;
3. Select your choice of child care provider, except illegal child care, and accept responsibility for that choice;
4. Receive services based upon meeting eligibility requirements, availability of funds, and without discrimination;
5. Decline services or voluntarily withdraw from the program, except for reasons mandated by a child protective services plan or court order.

YOU HAVE THE RESPONSIBILITY FOR:

1. Completing the application / Simplified Report Form and providing supporting documents;
2. Participating in interviews to establish eligibility for the child care program;
3. Completing and submitting the Simplified Report Form with supporting documents, as instructed, that provide the Department with information to determine continued eligibility for child care payments;
4. Paying your child care provider all obligations for services such as tuition, registration/supplies fees and other costs, including subsidies that are provided by the Department. Also, paying for child care costs over and above what the Department allows;
5. Paying for any outstanding child care costs directly to your child(ren)'s DHS-licensed child care provider in the event that your child care benefits that you authorized and designated to be forwarded on to your child(ren)'s DHS-licensed child care provider are not forwarded on from your EBT or personal bank account;
6. Informing the Department if you no longer want to have the child care benefits forwarded to your DHS-licensed child care provider's bank account;
7. Informing the Department within 10 calendar days of the following changes: your monthly gross income is more than the limit for your family size; you move (change of residence and mailing address); you add or delete household members; you marry, divorce or have a separation; you change child care providers, cost of child care, child care type, and/or no longer use child care; your child protective services case closes; and you no longer work, attend school, or job training (except CPS);
8. Reporting lost, stolen, or misused Electronic Benefits Transfer (EBT) cards immediately 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 card being reported lost, stolen or misused.
9. Reporting 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.
10. Understanding that child care payments are included DHS "cash assistance household" accounts, and that child care EBT benefits not withdrawn for ninety (90) days will be returned to the State. Benefits that are returned to the State may be used to offset any outstanding debts that is still owed by the household. (HAR §§17-798.2-20, 17-681-51, 17-681-52, and 17-681-56).

I understand that I am applying for child care payments provided by the State of Hawaii - Department of Human Services. All the information I have provided is complete and correct. I agree to abide by the conditions as stated in these Rights and Responsibilities.

Parent/Guardian Signature/Date

Parent/Guardian Signature/Date

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: _____	

Do you need help in another language? We will get you a free interpreter. Call (Insert your division number) to tell us which language you speak. (TTY: 711 or (Insert your division number)).	English 
您需要其它語言嗎? 如有需要, 請致電 (Insert your division number), 我們會提供免費翻譯服務 (TTY: 711 或 (Insert your division number)).	Cantonese 
En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori (Insert your division number) omw kopwe ureni kich meni kapas ka ani. (TTY: 711 ika (Insert your division number)).	Chuukese 
Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le (Insert your division number) pour nous indiquer quelle langue vous parlez. (TTY: 711 ou (Insert your division number)).	French 
Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter (Insert your division number) und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 711 oder (Insert your division number)).	German 
Makemake 'oe i kokua i pili kekahi 'olelo o na 'aina 'e? Makemake la maua i ki'i 'oe mea unuhi manuahi. E kelepona (Insert your division number) 'oe ia la kua a e ha'ina 'oe ia la maua mea 'olelo o na 'aina 'e. (TTY: 711 a (Insert your division number)).	Hawaiian 
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paralpatarus. Awaganyo ti (Insert your division number) tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711 wenno (Insert your division number)).	Ilokano 
貴方は、他の言語に、助けを必要としていますか？私たちは、貴方のために、無料で通訳を用意できます。電話番号の、(Insert your division number)に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: 711 または(Insert your division number)).	Japanese 
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. (Insert your division number)로 전화해서 사용하는 언어를 알려주세요 (TTY: 711 또는(Insert your division number)).	Korean 
您需要其它语言吗? 如有需要, 请致电 (Insert your division number), 我们会提供免费翻译服务 (TTY: 711 或 (Insert your division number)).	Mandarin 
Kwoj aikuij ke jilban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok (Insert your division number) im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 711 ak (Insert your division number)).	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 (Insert your division number) pea e mana'o mia se fesosoani mo se faaliliu upu. (TTY: 711 po o le (Insert your division number)).	Samoan 
¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al (Insert your division number) y díganos que idioma habla. (TTY: 711 o (Insert your division number)).	Spanish 
Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa (Insert your division number) para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 711 o (Insert your division number)).	Tagalog 
'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he (Insert your division number)'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: 711 pe (Insert your division number)).	Tongan 
Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi (Insert your division number) nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711 hoặc (Insert your division number)).	Vietnamese Việt Nam
Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa (Insert your division number) aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 711 o (Insert your division number)).	Visayan (Cebuano) 

East Hawaii - Hilo

101 Aupuni St. Suite 128

Hilo, HI 96720

Phone: (808) 961-6807 / Fax: (808) 961-6808

Maui (including Molokai & Lanai)

1063 Lower Main St. Puuone Plaza, Suite C-209

Wailuku, HI 96793

Phone: (808) 249-2461 / Fax: (808) 249-2361

Kauai

Office Location: 4364 Hardy St., Suite F

Mailing Address: 4371 Puaole St., Suite F

Lihue, HI 96766

Phone: (808) 245-2193 / Fax: (808) 245-7620

You will be notified of your application status by mail. If your family is determined eligible to receive assistance, you will be contacted for an intake interview with an eligibility worker/case manager to confirm information and discuss other details necessary for a final determination.

Preschool Open Doors (POD) Program

is a statewide early childhood development and care project funded by the State of Hawaii. POD helps 3- and 4-year old children go to preschool by helping families pay preschool costs.

560 North Nimitz Hwy, Suite 218

Honolulu, HI 96817

Oahu ph: (808) 791-2130/ Fax: (808) 839-1799

Neighbor Islands Toll Free: 1- (800) 746-5620

On the web: www.patchHawaii.org

Head Start Ohana

Parents & Children Together

(Hawaii Island) 961-0570

(Oahu) 842-5996

Family Support Hawaii (Kona) 334-4107

Maui Economic Opportunity, Inc. 249-2988

Maui Family Support Services 242-0900

Honolulu Community Action

Program 847-2400

Child and Family Service (Kauai) 245-5914

Keiki O Ka Aina Hawaii Early Learning Partnerships
for Childcare (HELP Childcare) *Native Hawaiian Child
Care Assistance Program* 845-3454



Other Child Care Resources

PATCH is a child care resource and referral agency that provides referrals and counseling to parents who are looking for child care. To receive information about preschools and child care providers in your area, call:

Oahu (808) 839-1988

East Hawaii (808) 961-3169

West Hawaii (808) 322-3500

Maui (808) 242-9232

Kauai (808) 632-0212

Molokai and Lanai (800) 498-4145

Other Community Resources

MedQuest (808) 586-5390

State Medical Assistance Program

WIC

State Women, Infants & Children Food Program

Oahu (808) 586-8175

Neighbor Islands Toll Free 1-888-820-6425

BESSD (808) 643-1643

SNAP – Federal Nutrition Assistance Program

State Financial Assistance Programs

Department of Human Services

On the web: www.dhs.hawaii.gov



**Child
Care
Connection
Hawaii**

***Does your family
need help paying
for child care
needs?***

*The Department of Human
Services Child Care
Connection Hawaii (CCCH)
program may be able to
help your family pay for
child care services.*



*State of Hawaii
Department of Human Services
Benefit, Employment and Support Services Division*



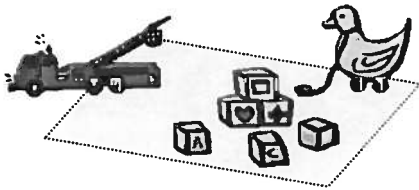
Child
Care
Connection
Hawaii

What is the Child Care Connection Hawaii (CCCH) Program?

The CCCH program is a federal subsidy program helping families pay for child care services in the State of Hawaii.

Eligible families receive:

- Subsidies to help with child care expenses.
- Information on quality child care settings.



How Can My Family Qualify for the CCCH Program?

To qualify, your family must meet the following requirements:

- 1. Age of Children:** Children must be under age 13; or ages 13 through 17, unable to care for self, and do not qualify for Department of Education (DOE) special education; or under child protective services.
- 2. Need for Child Care:** Parents or legal guardians of the children must be currently employed, attending an educational program or participating in a job training program, and have hours of activity that overlap with their need for care.



- 3. Family Size and Income Limits:** Your family's gross monthly income (before taxes and deductions) does not exceed 85% of the State Median Income. The CCCH program is available to a wide range of families. Please call the CCCH office for income limits of larger family sizes.

GROSS INCOME ELIGIBILITY LIMITS	
FAMILY SIZE	GROSS INCOME LIMITS <i>(Subject to change)</i>
2	\$3179
3	\$3927
4	\$4675
5	\$5423
6	\$6171
7	\$6312
8	\$6452

Who Chooses My Child Care Provider?

Each family has different child care needs and preferences. You choose the child care provider for your child. Parents will receive information from the CCCH Staff about choosing quality child care and selecting allowable child care arrangements. CCCH can help pay for a variety of legal child care services including preschools, child care providers in their homes, child care by relatives or friends and after school care for school aged children. For the safety of the child, a child abuse/neglect and criminal history check will be conducted on the provider you choose.

How Much of My Child Care Expenses Will CCCH Pay?

The CCCH program has sliding fee scales, based on the State of Hawaii child care guidelines. Depending on family size, income, need for child care (individual family situation), and the type of care program, families may be required to pay some of the monthly child care costs. Your eligible benefit amount will be discussed with your eligibility worker/case manager and is subject to change.

How Do I Get My Child Care Subsidy?

You may receive your monthly child care subsidy through: 1) Electronic Benefit Transfer (EBT) card; or 2) direct deposit to your personal checking or savings account (contact the child care office for the direct deposit enrollment form). EBT cards are issued at your interview where you select a Personal Identification Number (PIN). You may use your EBT card at ATM machines that bear the "QUEST" symbol to access your child care benefits. If your child is cared for by a licensed child care provider, your child care payments may be deposited directly into the licensed provider's bank account.

How Do I Apply?

Call the office in your area to request an application.

Oahu

Honolulu - *(Windward, Hawaii Kai to Halawa)*
49 S. Hotel St., Suite 301
Honolulu, HI 96813
Phone: (808) 566-2600 / Fax: (808) 537-2416

Leeward *(Aiea to Wahiawa thru Waialua; Waipahu thru Makaha)*
94-216 Farrington Hwy, Suite B2-206, Box 323
Waipahu, HI 96797
Phone: (808) 356-5577; Fax: (808) 676-4912

West Hawaii - Kona

74-5620 Palani Rd. Suite 208
Kailua-Kona, HI 96740
Phone: (808) 334-6101; Fax: (808) 331-2324