

**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
Applicant							
Co-applicant							
Residence Address					Home/Cell Phone		
Mailing Address					Work Phone Applicant		
Primary Language Spoken			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)	Child Care Requested?
Child					Yes No
Child					Yes No
Child					Yes No
Child					Yes No
Child					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 ( <b>ATTACH COPY OF INCOME INDICATED</b> )	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)	\$
<b>TOTAL INCOME</b>	<b>\$</b>

### 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.

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"/>	APPLICATION WITHDRAWN	_____ Date _____	
_____ WORKER SIGNATURE		_____ Date _____	

**Send completed application to the Arbor office nearest your home**

**CHILD CARE SUBSIDY UNITS**

**OAHU UNITS**

**ARBOR Honolulu** (Hawaii Kai to Halawa)  
81 S. Hotel Street, Suite 216, Honolulu, HI 96813  
Phone: 356-5555, 356-5570, 356-5551 Fax: 356-5580

**ARBOR Leeward** (Aiea thru Wahiawa to Waialua; Waipahu thru Makaha)  
94-229 Waipahu Depot Road, Suite 400, Waipahu, HI 96797  
Phone: 356-5577, 356-5575, 356-5573 Fax: 676-4912

**Preschool Open Doors (POD) Statewide**  
677 Queen Street, Room 400A, Honolulu, HI 96813  
Phone: (808) 587-5254  
Toll-free Phone: 1-800-746-5620  
**Note:** Applications for POD are **only** accepted between March 1-April 30<sup>th</sup> yearly.

**NEIGHBOR ISLAND UNITS**

**Child Care Toll Free #866-972-7267 (866-97-ARBOR)**

**Arbor Hilo**  
74 Kekuanaoa Street, Suite 330A  
Hilo, HI 96720  
Phone: (808) 961-6809 Fax: (808) 961-6808

**Arbor Kauai**  
4303 Rice Street, Suite C-3  
Lihue, HI 96766  
Phone: (808) 245-2030, 245-2193 Fax: (808) 245-7620

**Arbor Kona**  
75-5722 Kuakini Hwy., Suite 104A  
Kailua-Kona, HI 96740  
Phone: (808) 334-0926, 334-0913 Fax: (808) 334-0916

**Arbor Maui (includes Lanai & Molokai)**  
1500 Lower Main Street, #A  
Wailuku, HI 96793  
Phone: (808) 249-2461, 249-2360 Fax: (808) 249-2361