



**Preschool Open Doors (POD) Application Period**  
**January 16, 2024 - March 28, 2024**

The Department of Human Services (DHS), Benefit, Employment and Support Services Division (BESSD) has begun accepting applications for the 2024-2025 Preschool Open Doors (POD) program. The application period is January 16, 2024 to March 28, 2024.

Children born between August 1, 2019 and July 31, 2021 are eligible to apply for the 2024-2025 POD year. Income eligibility limits apply (see below).

**Monthly Gross Income Limits**

| <b><u>Family Size</u></b> | <b><u>Gross Income Limits</u></b> |
|---------------------------|-----------------------------------|
| <b>1</b>                  | <b>4,193</b>                      |
| <b>2</b>                  | <b>5,670</b>                      |
| <b>3</b>                  | <b>7,148</b>                      |
| <b>4</b>                  | <b>8,625</b>                      |
| <b>5</b>                  | <b>10,103</b>                     |
| <b>6</b>                  | <b>11,580</b>                     |
| <b>7</b>                  | <b>13,058</b>                     |
| <b>8</b>                  | <b>14,535</b>                     |

The POD program helps eligible Hawaii families pay preschool fees for one school year. 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 2024-2025 POD year, **the POD office must receive your application by the March 28, 2024 deadline.** Applications post-marked, but not received by **March 28, 2024**, 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, 2024. Depending on your child's preschool start date, POD assistance may cover enrollment from July 1, 2024 through June 30, 2025.

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. Wait-listed applicants may be selected for future POD participation if funds become available.

DHS administers the POD program and contracts PATCH. 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



**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](mailto:PODAdmin@patch-hi.org)

# SINGLE APPLICATION FOR CHILD CARE ASSISTANCE OVERVIEW

## IMPORTANT INFORMATION WHEN APPLYING FOR CHILD CARE ASSISTANCE

### CHILD CARE SUBSIDY (CCS) ELIGIBILITY REQUIREMENTS

1. Child must be under age 13, or 13 through 18, and unable to care for self.
  - ✓ Written verification from a state-licensed physician or psychiatrist or psychologist if child is age 13 through 18 and unable to care for self will be required.
2. Child must be a US citizen or a Lawful Permanent Resident.
  - ✓ If not born in the US: US passport, Certificate of Naturalization, Certificate of Citizenship or permanent resident card ("Green Card") will be required.
3. Child for whom assistance is being requested must reside with the applicant.
4. Income eligibility for the household size (see CCS program info [here](#)).
5. Parent(s)/guardian(s) must be at least:
  - Employed or attending school or a job training program;
    - ✓ Employment verification or school registration which shows credits/hours enrolled or job training program enrollment will be required.
  - 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);
    - ✓ Child Welfare Services (CWS) court-ordered Family Service Plan or the Foster Custody Placement Agreement will be required.
6. Family will select the child care provider that meets the DHS requirements that best meets the needs of the family and child(ren).
7. If applying for the Child Care Subsidy program you may file your application if your child care starts in 30 days.

### PRESCHOOL OPEN DOORS (POD) ELIGIBILITY REQUIREMENTS

1. Child must turn 5 years old between 8/1 through 12/31, 4 years old by 12/31, or 3 years old by 7/31 of the applying program year (the school year that the child will be attending preschool). Priority is given to children:
  - who received POD services the previous school year;
  - who are eligible to enter kindergarten at the start of the following school year;
  - who qualify as a special population (underserved or at-risk).
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](#)).
  - ✓ POD applications are only accepted during DHS established application periods.
  - ✓ POD applications received outside of an established application period will be denied.

## DOCUMENTATION REQUIRED FOR THE APPLICATION FOR CHILD CARE ASSISTANCE

- For parents/guardians:** Identification, copies of court decrees, custody agreements, legal guardianship, verification of relationship to child (e.g. power of attorney), income verification, pay stubs, self-employment documents (e.g. G-45 tax form, General Excise tax license, tax returns, income & business expenses), school/training registration, verification of permanent disability.
- For children:** Copies of birth certificates for all children, citizenship/lawful permanent resident verification, court decree or custodial documentation.
- 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.

## Translated Top 14 Languages Spoken by Individuals with Limited English Proficiency (LEP) in Hawaii

|   |                                     |
|---|-------------------------------------|
| Do you need help in another language? We will get you a free interpreter. Call <b>1-888-764-7586</b> to tell us which language you speak.   | English                             |
| 您需要其它語言嗎？如有需要, 請致電 <b>1-888-764-7586</b> , 我們會提供免費翻譯服務<br>您需要其它语言吗？如有需要, 请致电 <b>1-888-764-7586</b> , 我们会提供免费翻译服务  | 廣東話/广东话<br>(Chinese -<br>Cantonese) |
| 您需要其它語言嗎？如有需要, 請致電 <b>1-888-764-7586</b> , 我們會提供免費翻譯服務<br>您需要其它语言吗？如有需要, 请致电 <b>1-888-764-7586</b> , 我们会提供免费翻译服务  | 國語/普通话<br>(Chinese -<br>Mandarin)   |
| En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori <b>1-888-764-7586</b> omw kopwe ureni kich meni kapas ka ani.   | Kapasen<br>Chuuk<br>(Chuukese)      |
| Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona <b>1-888-764-7586</b> `oe ia la kaua a e ha`ina `oe ia la maua mea `olelo o na `aina `e. | `Ölelo<br>Hawai`i<br>(Hawaiian)     |
| Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>1-888-764-7586</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo.                     | Ilokano<br>(Ilocano)                |
| 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、 <b>1-888-764-7586</b> 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。  | 日本語<br>(Japanese)                   |
| 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. <b>1-888-764-7586</b> 로 전화해서 사용하는 언어를 알려주십시오   | 한국어<br>(Korean)                     |
| Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok <b>1-888-764-7586</b> im kwalok non kim kajin ta eo kwo melele im kenono kake.                             | Kajin Majel<br>(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 <b>1-888-764-7586</b> pea e mana'o mia se fesosoani mo se faaliliu upu.      | Gagana<br>Samoa<br>(Samoan)         |
| ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al <b>1-888-764-7586</b> y díganos que idioma habla.   | Español<br>(Spanish)                |
| Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa <b>1-888-764-7586</b> para sabihin kung anong lengguwahe ang nais ninyong gamitin.                    | Tagalog<br>(Tagalog)                |
| คุณต้องการความช่วยเหลือทางด้านภาษาหรือไม่ ทางเราจะจัดหาล่ามฟรีให้คุณ โทรที่เบอร์ <b>1-888-764-7586</b> และบอกเราว่าคุณพูดภาษาอะไร   | ภาษาไทย<br>(Thai)                   |
| 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 <b>1-888-764-7586</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào.                      | Tiếng Việt<br>(Vietnamese)          |
| Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa <b>1-888-764-7586</b> aron magpahibalo kung unsa ang imong sinulti-han.                             | Visayan<br>(Cebuano)                |

## SINGLE APPLICATION FOR CHILD CARE ASSISTANCE

**APPLICATION FILING:** You must answer all of the questions on the application form and submit verification before your application is considered complete. If applying for the Child Care Subsidy program you may file your application if your child care starts in 30 days. If applying for the Preschool Open Doors (POD) program, applications are only accepted during DHS established application periods.

**I have read and understand the requirements for the Child Care Subsidy program and the Preschool Open Doors (POD) program. I am submitting my application for:**

|  |   |
|--|---|
| Please select<br><input type="checkbox"/> <b>Child Care Subsidy program</b><br><input type="checkbox"/> <b>Preschool Open Doors program</b><br><input type="checkbox"/> <b>BOTH Child Care Subsidy <u>and</u> Preschool Open Doors</b> | <b>Tell us about you and your children, select all that apply:</b><br><input type="checkbox"/> <b>I care for a foster child who needs child care</b><br><input type="checkbox"/> <b>I am receiving cash assistance such as TANF benefits</b><br><input type="checkbox"/> <b>I have a child who has a physical, developmental, behavioral, or emotional incapacity</b> |
|--|---|

**PLEASE PRINT CLEARLY**

|  |  |  |                 |     |
|--|--|--|-----------------|-----|
| APPLICANT (LAST, FIRST, M.I.)  | SOCIAL SECURITY NO.  | BIRTHDATE (MM/DD/YY)   | RACE            | SEX |
| CO-APPLICANT (LAST, FIRST, M.I.)   | SOCIAL SECURITY NO.  | BIRTHDATE (MM/DD/YY)   | RACE            | SEX |
| RESIDENCE ADDRESS  | APT #  | CITY & STATE   | ZIP CODE        |     |
| MAILING ADDRESS (IF DIFFERENT)   | APT #  | CITY & STATE   | ZIP CODE        |     |
| <input type="checkbox"/> Check this box if your family is homeless or does not have a regular nighttime residence. |  | PHONE  | ALTERNATE PHONE |     |
| EMAIL:   |  |  |                 |     |
| Is anyone in the US Military? <input type="checkbox"/> NO <input type="checkbox"/> YES                             | <input type="checkbox"/> Active-Duty<br><input type="checkbox"/> Reserve/ National Guard | Is anyone permanently disabled? <input type="checkbox"/> NO <input type="checkbox"/> YES |                 |     |
| If yes, name:  |  | If yes, name:  |                 |     |

What is the primary language spoken in your home? \_\_\_\_\_

How well is English spoken in the home? (Check only one box)

☐ Does not speak or understand English

☐ Limited understanding

☐ Speaks well, does not read or write English

☐ Speaks well, limited reading and writing skills

☐ Speaks well, adequate reading and writing skills

**Interpreter Services:**  
You must complete the DHS 5000 – Offer and Acceptance Or Waiver of Free Interpreter Services (last page) of this application.

| NAME(S) OF CHILD(REN) | RACE | SEX | SOCIAL SECURITY NO. | BIRTHDATE (MM/DD/YY) | Child Care   | YES   | NO  |
|-----------------------|------|-----|---------------------|----------------------|--|---|---|
|                       |      |     |                     |                      | * Special Needs<br>Child Care Requested<br>Child Care Start Date | <input type="checkbox"/><br><input type="checkbox"/><br>_____ | <input type="checkbox"/><br><input type="checkbox"/><br>_____ |
|                       |      |     |                     |                      | *Special Needs<br>Child Care Requested<br>Child Care Start Date  | <input type="checkbox"/><br><input type="checkbox"/><br>_____ | <input type="checkbox"/><br><input type="checkbox"/><br>_____ |
|                       |      |     |                     |                      | *Special Needs<br>Child Care Requested<br>Child Care Start Date  | <input type="checkbox"/><br><input type="checkbox"/><br>_____ | <input type="checkbox"/><br><input type="checkbox"/><br>_____ |
|                       |      |     |                     |                      | *Special Needs<br>Child Care Requested<br>Child Care Start Date  | <input type="checkbox"/><br><input type="checkbox"/><br>_____ | <input type="checkbox"/><br><input type="checkbox"/><br>_____ |
|                       |      |     |                     |                      | *Special Needs<br>Child Care Requested<br>Child Care Start Date  | <input type="checkbox"/><br><input type="checkbox"/><br>_____ | <input type="checkbox"/><br><input type="checkbox"/><br>_____ |

*\* For POD only, complete the Special Populations Priority Referral Form (DHS 913A POD) if your child has special needs*

**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** ☐ NO ☐ YES

**STUDENT INFORMATION:** Is the Applicant and/or Co-Applicant a student?

☐ NO ☐ YES If yes, complete below:

| APPLICANT / CO-APPLICANT | NAME OF SCHOOL / ADDRESS | START DATE | END DATE |
|--------------------------|--------------------------|------------|----------|
|                          |                          |            |          |
|                          |                          |            |          |

**MONTHLY INCOME:** Is anyone receiving, expect to receive, or have an application pending (P) for any type of income listed below? Check "Yes or No" for each source of income. If "Yes" is checked, complete the information about the item. You will be required to submit supporting verification.

| YES                          | NO | P | SOURCE OF INCOME  | PERSON WHO RECEIVES INCOME | MONTHLY AMOUNT | HOW OFTEN RECEIVED? |
|------------------------------|----|---|---|----------------------------|----------------|---------------------|
|                              |    |   | Employment ( <b>Complete employment section below</b> ) |                            | \$             |                     |
|                              |    |   | Social Security   |                            | \$             |                     |
|                              |    |   | Supplemental Security Income (SSI)                      |                            | \$             |                     |
|                              |    |   | Unemployment Benefits                                   |                            | \$             |                     |
|                              |    |   | Child Support, Alimony                                  |                            | \$             |                     |
|                              |    |   | Retirement/Pension, Profit Sharing, Annuity Pmts.       |                            | \$             |                     |
|                              |    |   | Temporary Disability Insurance/Worker's Compensation    |                            | \$             |                     |
|                              |    |   | Adoption Assistance Payments                            |                            | \$             |                     |
|                              |    |   | <b>Other (specify all)</b>                              |                            | \$             |                     |
| <b>Total Monthly Income:</b> |    |   |   |                            | \$             |                     |

**Employment INFORMATION:** Is the Applicant and/or Co-Applicant employed?

☐ NO ☐ YES If yes, complete below

| APPLICANT / CO-APPLICANT | NAME OF EMPLOYER / ADDRESS | START DATE | END DATE |
|--------------------------|----------------------------|------------|----------|
|                          |                            |            |          |
|                          |                            |            |          |

**Reason for Child Care (select all that apply)**

- |  |   |  |
|--|---|--|
| <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 |

**YOU HAVE THE RIGHT TO:**

1. Be notified of eligibility after Department receipt of your completed application 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 / 12-months recertification 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 change child care providers, cost of child care, child care type, and/or no longer use child care;
  - you move (change of residence and mailing address);
  - your child protective services (CPS) case closes; or
  - you add or remove household members;
  - you no longer work, or attend school or job training (not applicable for CPS cases).
  - you marry, divorce, or have a separation;
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 §§17-798.3-22, 17-799-21, 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. I agree to abide by the conditions as stated in these Rights and Responsibilities 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 attest, under penalty of law, that the information that I have provided is complete and correct to the best of my knowledge.

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Applicant Signature

---

Print Applicant Name

---

Date

---

Co-Applicant Signature

---

Print Co-Applicant Name

---

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.

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> YES*  | <input type="checkbox"/> NO |
| <b>1. ENGLISH is my primary language:</b> *Sign and date below.  |                             |
| <b>2.</b> <input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to <b>part 4</b> and sign below:<br><input type="checkbox"/> I need an interpreter for the following language: _____<br>If you need an interpreter, go to <b>part 3</b> , and check the box that applies to you.   |                             |
| <b>3.</b> <input type="checkbox"/> I want DHS to provide an interpreter at no cost to me.<br><input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own. <ul style="list-style-type: none"><li>• I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.</li><li>• 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.</li><li>• 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.</li><li>• 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.</li></ul> |                             |
| <b>4.</b> 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: _____   |                             |





## PRESCHOOL OPEN DOORS TANF ELIGIBILITY DETERMINATION

The following information is voluntary and does not affect your eligibility for Preschool Open Doors (POD). By providing the following information you may be eligible to receive federal Temporary Assistance for Needy Families (TANF) funding for your POD needs, increasing the source of funds that are available for your child(ren) for POD:

- |   |                          |     |
|---|--------------------------|-----|
| 1. Are all family members in your household a U.S. Citizen or Lawfully Admitted Immigrant (please see below for details)? | <input type="checkbox"/> | Yes |
|   | <input type="checkbox"/> | No  |
| <hr/>   |                          |     |
| 2. Are you employed?  | <input type="checkbox"/> | Yes |
|   | <input type="checkbox"/> | No  |
| <hr/>   |                          |     |
| 3. Is POD child care needed during the hours you work?  | <input type="checkbox"/> | Yes |
|   | <input type="checkbox"/> | No  |

### TANF Guidelines

Note: The individuals under the Compacts of Free Association are not eligible. Under current law, citizens of Freely Associated States (FAS) are not eligible for federal public benefits (except emergency services and programs expressly listed, such as Medicaid emergency medical care or Federal Emergency Management Agency disaster services) because they are not “qualified aliens” as defined by the Immigration and Nationality Act.

Prior to 1996, FAS citizens residing in the United States were able to obtain federal assistance because they were considered “permanently residing under color of law” (PRUCOL), which is an eligibility standard that is not defined in statute. Historically, PRUCOL has been used to provide a benefit to certain foreign nationals who the government knows are present in the United States, but whom it has no plans to deport or remove. When Title IV of P.L. 104-193 (PRWORA) established comprehensive limitations and requirements on the eligibility of all noncitizens for means-tested public assistance, it effectively ended access to federal benefits for foreign nationals who had been considered PRUCOL. As a consequence, citizens of the FAS residing in the United States are barred from receiving most federal public benefits.

The applicant must be a parent or a relative, through blood or marriage, to the dependent child(ren) in the family. If the services are for the child(ren) or family unit, then the children must also meet the citizenship criteria.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Print Name

Family is eligible for TANF-funded services ☐ Yes  
(For Department use only) ☐ No



**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):

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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.