



If you need help to fill out the application:

Call 242-1608 to make an appointment with Project Specialist Melanie Padgett.

Mail Application to:

MCECRC/MFSS
1844 Wili Pa Loop
Wailuku, HI 96793

or

Email to:

mauiecrc@gmail.com

2023-24

Phone: 242-1608

Email: mauiecrc@gmail.com

Criteria for Eligibility for the Maui County Child Care Subsidy:

- Parents/Guardians must be working or in school/job training at least 30 hours per week. A request for an exception to this requirement can be considered. The applicant must submit a written request explaining the family's situation and attach it to the application.
- Maximum allowable monthly gross income based on family size is shown in the Income Guideline Table on the second page of the application. *This is a baseline requirement and does not automatically mean that a family will qualify for assistance. Priority is given to families with greatest need.*
- Eligible children must be born **AFTER 7/31/18** and reside with the applicant.
- Eligible child care providers must be licensed by the State of Hawaii Department of Human Services (i.e. preschool, infant/toddler center, or licensed family child care provider). **A list of qualified providers may be obtained from PATCH at 242-9232.**

Application Process:

- To be considered for assistance within the first pool of applicants, **applications must be submitted by June 30, 2023.**
- **Mail** application and **all** required documents to MCECRC/MFSS 1844 Wili Pa Loop Wailuku, HI 96793, **or Email everything to mauiecrc@gmail.com.**
- **If you need assistance to complete the application, call 242-1608 to make an appointment with the Project Specialist.**
- Pay close attention to the **"Required Documents Checklist"** on the second page of the application to be sure you include all required documents that apply to your family. Applicants will be called or emailed if more information is needed.
- **Complete** applications received by **June 30, 2023** will be assessed by the project specialist and reviewed by the Subsidy Advisory Committee. The Committee will determine subsidy amounts for qualified families.
- **A determination letter will be emailed to each family on or before August 15, 2023.**
- **Applications submitted after June 30, 2023** will still be accepted through May 15, 2024 but will be placed on a wait list pending availability of funds.

Families who qualify for assistance must complete additional paper work before payments can start. **All payments will be sent directly to the provider and can begin August 2023 and continue through June 2024 as long as no changes occur.** Participants are responsible for whatever co-payment is needed to meet the full cost of the care. **Families not eligible for aid from other programs have priority, however, if funds are available it is possible for some families to qualify for the Maui County Subsidy while also receiving assistance from another child care subsidy program if the amount they receive from the other program is not enough to make the tuition affordable.**

PLEASE NOTE: During the Maui County Subsidy application assessment process we will determine if individual families meet the criteria for other subsidy programs. If so, the family is **required** to apply for assistance from the other program(s), if they haven't already done so, in order to remain eligible for the Maui County Subsidy program. This is true even if the amount of assistance awarded from another program may seem small. Aid from the Maui County Subsidy is intended to help families who either do not qualify for other programs at all, or who do not qualify for enough assistance to make affording the tuition manageable.

If you have any questions about the Maui County Child Care Subsidy please call the Early Childhood Resource Center at 242-1608, or email mauiecrc@gmail.com.

2023-24 MAUI COUNTY CHILD CARE SUBSIDY APPLICATION

ELIGIBILITY CRITERIA

✓ **MEET WORK/SCHOOL REQUIREMENT:** Parents/guardians must be working or in school/job training for at least 30 hours/week. (A request for an exception to this requirement can be considered. The applicant must submit a written request explaining the family's situation and attach it to the application.)

✓ **MAXIMUM MONTHLY GROSS INCOME ALLOWED:** *This is a baseline requirement and does not automatically mean that a family will qualify for assistance. Priority is given to families with greatest need.*

Family Size	2	3	4	5	6	7	8
Maximum Income	\$6042	\$7464	\$8886	\$10,308	\$11,729	\$11,996	\$12,263

✓ **CHILD'S AGE:** Eligible children must be born **AFTER** 7/31/18 and reside with the applicant.

✓ **LICENSED PROVIDER** Eligible child care providers must be licensed by the State of Hawaii Department of Human Services (preschool or licensed family child care provider). **A list of qualified providers may be obtained from PATCH at 808-242-9232.**

REQUIRED DOCUMENTS CHECKLIST

APPLICATION

- ✓ **COMPLETED APPLICATION (Signed and dated)**
- ✓ **COPIES OF DETERMINATION LETTERS** from any other child care assistance programs you have applied to.
- ✓ **STATEMENT OF SPECIAL CIRCUMSTANCES** (Attach if applicable)

FAMILY UNIT VERIFICATION Do NOT Submit Original Documents. ONLY submit COPIES!!

- ✓ **PICTURE IDENTIFICATION** of adult applicant(s) (Drivers license, state ID, passport)
- ✓ **BIRTH CERTIFICATES** of **ALL** children in the household. (copies of baptismal, hospital certificates, court decree also accepted)

FINANCIAL VERIFICATION Do NOT Submit Original Documents. ONLY submit COPIES!!

- ✓ **INCOME VERIFICATION**– Submit verification for **EACH ITEM** that applies to the family unit.
 - Last 2 Months of pay stubs for each job
 - Self-Employment: *submit evidence of income received from self-employment including most recent 2 quarters State of Hawaii General Excise/Use Tax returns, most recent 2 months' checking account statements showing deposits of self-employment income, and Profit and Loss Statement for business covering most recent 2-month period. You will be notified if additional evidence is needed.*
 - Parent in college or other education program: submit documentation from school showing credits/hours enrolled
 - Unemployment check stubs or other proof of benefits received for past 2 months
 - DHS Cash Assistance Benefit Summary
 - Food Stamp (SNAP) Benefit Summary
 - Government Housing Assistance (HUD) documentation showing amount of assistance received each month
 - Child Support / Alimony Payments Received by Applicant's Family
 - Social Security Benefits
 - Workers Compensation/TDI
 - Pension/Retirement
 - Veterans Benefits
 - Other Child Care Assistance (copies of determination letter or payment history from financial aid program)
 - Rental Property Income
 - Foster/ Adoption Assistance payment
 - Military Allotment
- ✓ **EXPENSE VERIFICATION**– **Submit verification for EACH ITEM that applies to the family unit:**
 - Rent or Mortgage monthly expense (rental agreement, signed note from landlord, mortgage statement, etc.)
 - Utility Bills (submit most recent electric and/or propane bill)
 - Cable TV and/or Internet Bill for most recent month
 - Telephone/Cell Phone Bill for most recent month
 - Child Support/Alimony (submit statement showing monthly expense if not deducted from paycheck)
 - Loans (Most recent statements/bills for Car Loans, Personal Loans, Education Loans, etc.)
 - Credit Card Debt (current statement that shows minimum monthly payment due for each credit card account)
 - Insurance bills or statements that show monthly premium amount for auto/home/life insurance
- ✓ **ASSETS VERIFICATION**– **Must provide current bank statements or ATM balance receipts for ALL checking & savings accounts**



2023-24 MAUI COUNTY CHILD CARE SUBSIDY APPLICATION

FAMILY UNIT INFORMATION

Please Print: (Must provide information for each parent / guardian living in the household applying for assistance)

NAME:	Last	First	M.I.	Marital Status	Birth Date (mm/dd/yy)	Sex (M/F)
Applicant						
Co-Applicant:						
Mailing Address			City	Zip	Applicant Email Address	Applicant Phone
Residence Address (if different from mailing address)				Co-Applicant Email Address		Co-Applicant Phone
Applicant Employment Status: (Employer /School/Job Training Program)				Check Work/School Days Su M T W Th F Sa	Start / End Time	Hrs/Wk
Applicant Employment 2 nd job/activity: (Employer /School/Job Training)				Check Scheduled Days Su M T W Th F Sa	Start / End Time	Hrs/Wk
Co-Applicant Employment Status: (Employer /School/Job Training)				Check Scheduled Days Su M T W Th F Sa	Start / End Time	Hrs/Wk
Co-Applicant Employment 2 nd job/activity: (Employer /School/Job Training)				Check Scheduled Days Su M T W Th F Sa	Start / End Time	Hrs/Wk

INFORMATION ABOUT CHILD(REN) WHO NEED FINANCIAL AID for CHILD CARE:

Child 1 NAME:	Last	First	M.I.	Age	Birth Date (mm/dd/yy)	Sex (M/F)
Child Care Provider / Preschool Name and Mailing Address				Provider Ph #	Check Days Child Attends Su M T W Th F Sa	Childcare Start Date
Is this provider licensed by the State of Hawaii Dept of Human Services DHS? (check) YES NO				Total Tuition Amount (Monthly) \$		Aid from other Sources \$
Child 2 NAME:	Last	First	M.I.	Age	Birth Date (mm/dd/yy)	Sex (M/F)
Child Care Provider / Preschool Name and Mailing Address				Provider Ph #	Check Days Child Attends Su M T W Th F Sa	Child Care Start Date
Is this provider licensed by the State of Hawaii Dept of Human Services DHS? (Check) YES NO				Total Tuition Amount (Monthly) \$		Aid from other Sources \$

OTHER CHILDREN IN THE FAMILY UNIT: (Living in the household but NOT applying for assistance.)

NAME:	Last	First	M.I.	Age	Birth Date (mm/dd/yy)	Sex (M/F)

Family Size (total of members listed above)	
--	--

FINANCIAL STATEMENT of Family Unit

Monthly Income Worksheet

Fill in amounts for types of income that apply to your family. Please submit copies of last 2 months of paystubs and applicable benefit summaries, statements etc., for other sources of income. If self-employed: submit evidence of income received from self-employment including most recent 2 quarters State of Hawaii General Excise/Use Tax returns, most recent 2 months' checking account statements showing deposits of self-employment income, and Profit and Loss Statement for business covering most recent 2-month period. You will be notified if additional evidence is needed.

1. Gross Monthly Income from Paystubs (Applicant)	\$
2. Gross Monthly Income from Paystubs (Co-Applicant)	\$
3. Monthly Take Home /Net Income from Paystubs (Applicant)	\$
4. Monthly Take Home / Net Income from Paystubs (Co-Applicant)	\$
5. Monthly Income from Self Employment (See Instructions Above)	\$
6. Monthly Unemployment Benefits	\$
7. Total DHS Monthly Benefits: Cash Assistance \$ _____ + SNAP \$ _____ =	\$
8. Social Security Benefits	\$
9. Child Support / Alimony Received	\$
10. Government Housing Assistance (HUD)	\$
11. Workers Compensation	\$
12. TDI	\$
13. Pension/Retirement	\$
14. Veterans Benefits	\$
15. Child Care Financial Aid From Other Sources (see table at bottom of page)	\$
16. Rental Property Income	\$
17. Foster/ Adoption Assistance payment	\$
18. Military Allotment	\$
19. Other	\$
20. TOTAL Available Monthly Income (Add amounts from lines 3 to 19)	\$
WIC Participant? (Check) YES No	

Asset Declaration: (provide copy of most current bank statement or ATM balance receipt for all bank accounts)

Checking Account (Current Balance Total from all accounts): \$ _____

Savings Account (Current Balance Total from all accounts): \$ _____

Child Care Financial Aid from Other Sources

If you have already applied, or intend to apply, for assistance from other child care subsidy programs please indicate which ones in the table below. You may still be eligible for the Maui County Subsidy even though you are receiving assistance from another program.

Program Name	Date Application Submitted	Eligible (Attach copy of determination letter)	Denied (Attach copy of determination letter)
Child Care Connection Hawaii		\$ _____ per month	
PATCH Preschool Open Doors		\$ _____ per month	
Kamehameha Schools Pauahi Keiki Scholars		\$ _____ per month	
MFSS Quality Care for Hawaiian Keiki Program		\$ _____ per month	
Other		\$ _____ per month	

Monthly Expense Worksheet

Submit documentation for the starred ☆ items below that apply to your family (copies of rental/mortgage agreement, statements, receipts, bills, etc.) with this application. Estimate amount spent for UNstarred items.

➤ *If an expense item is not in the applicant's or co-applicant's name, however, the applicant or co-applicant pays a portion of the expense, please provide a copy of the bill along with a letter signed by the person named on the bill that indicates the amount you pay.*

Please provide the MONTHLY breakdown of expenses!

☆ Rent or Mortgage	\$
☆ Electricity (provide most current monthly electric bill)	\$
☆ Cable TV and/or Internet	\$
☆ Telephone + Cell Phone	\$
☆ Child Support/Alimony expense, if not deducted from paycheck	\$
☆ Home and/or Life Insurance	\$
☆ Auto Insurance	\$
☆ Child Care/Preschool Tuition (expected monthly tuition cost in 2023-24))	\$
☆ Education (tuition, books, etc. for parents and/or older siblings)	\$
☆ Loans (personal loans, student loans)	\$
☆ Car Payments	\$
☆ Credit Card Debt (total of minimum monthly payments due for each account)	\$
Water/Sewage/Garbage	\$
Gas/Maintenance for vehicle	\$
Public Transportation	\$
Children's needs (diapers, formula, baby food, etc.)	\$
Food (estimate amount spent on meals for your family each month)	\$
Clothing	\$
Health Care (do not include health insurance premium if already deducted on paystubs)	\$
Entertainment	\$
Non-essential Extras	\$
Non-food Groceries (such as laundry & cleaning supplies, paper products, etc.)	\$
Furniture Rental/Other Rental	\$
Other (Specify)	\$
TOTAL	\$

*After review we may ask for additional verification of expenses listed above.

Total Available Income:
(From Income Worksheet pg. 3, line 20) \$ _____

Total Expenses:
(From above) \$ _____

By signing below, 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 that may be needed and will allow Maui County Child Care Subsidy, a program of Maui Family Support Services, 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's enrollment status, family income, employment status, family size, or residence within 10 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. **I understand that services are subject to the availability of funds.**

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____