

2023 - 2024
School Year



Honolulu Community Action Program, Inc.
A Non-Profit Community Action Agency

Hā Initiative:

**Creative Science, Technology, Engineering, and
Math After-School Program**

Participant Information Sheet

Kalihi-Palama
Ka'iulani Elementary School

Honolulu
Ala Wai Elementary School

Central
HCAP Central District Center

Leeward
HCAP Leeward District Center

Windward
Hau'ula Civic Center

783 N. King St.
Honolulu, HI 96817

503 Kamoku St.
Honolulu, HI 96826

99-102 Kalaloa St.
Aiea, HI 96701

85-555 Farrington Hwy
Waianae, HI 96792

54-101 Kukuna Rd.
Hau'ula, HI 96717



Centralized In-Take Application Form

Case # _____

Parent Info

Applicant: _____ **Date of Birth:** _____
(PRINT FIRST NAME) (LAST NAME) (MO)

Soc. Sec. Number: _____ **Email Address:** _____

Residential Address:
Street _____ **Apt.** _____
(Print Number And Name)
City _____ **Zip Code** _____

Mailing Address:
Street _____ **Apt.** _____
City _____ **Zip Code** _____

Neighborhood: _____ **Referred by:** _____

Home Telephone: _____ **Work/Alternate Telephone:** _____ **Cell Phone:** _____

Household Type: *(Check one only)*

- Single Person
- Single Parent/ Female
- Multigenerational Household
- Non-related Adults with Children
- Two Adults – No Children
- Single Parent/ Male
- Two-Parent Household
- Other

Number of Members in the Household: _____

Transportation: *(Check all that apply)*

- Own Car
- Borrowed Car
- Handi-Van/Cab
- Ride Bus
- Walk
- Other

Housing Information: *(Check one only)*

- Own
- Rent
- Other permanent housing
- Homeless
- Other

Subsidized or Public Housing:

Yes No if Yes, what type? _____

Utilities included in rent: Yes No

Was any Weatherization service received in the past:

Yes No If yes, when? _____

Rented by: Single Family Multi Family

Rent/Mortgage: \$ _____

Applicant Certification and Statement of Understanding

(Applicants must sign this section)

I certify that the information provided herein, and in any other related documents and/or representations, are true and correct to the best of my knowledge, and I understand that access to any and all HCAP premises, programs and/or services through misrepresentation or fraud may be punishable under HCAP policies, procedures, or practices including, but not limited to, refusal of services, at the sole discretion of HCAP. I further understand that a false statement under these forms or other communications can also expose me to civil and/or criminal liability that may include financial obligations or criminal penalties. I understand that this information will be used only to determine if I may gain entry onto any and all HCAP premises, and/or to determine if I and my family are eligible for any and all HCAP services, and will not be released to non-HCAP sources without my prior knowledge and written consent.

Signature of Applicant

Date

Signature of HCAP Staff

Date



Hā Initiative: Creative Science, Technology, Engineering, and Math (STEM) After-School Program

Student(s) Information Sheet

Student(s) Name(s): 1. _____
2. _____

Student(s) Date of Birth(s): 1. _____
2. _____

Age(s): 1. _____
2. _____

Grade(s): 1. _____
2. _____

School(s): _____

Allergies or other medical conditions of the student(s):

1. _____
2. _____

Is the Student(s) proficient in the English Language?

Yes No

Student(s) Race & Ethnicity: Check All That Apply

COFA <input type="checkbox"/>	African American <input type="checkbox"/>	Caucasian <input type="checkbox"/>
Hispanic <input type="checkbox"/>	American Indian <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>
Native Hawaiian <input type="checkbox"/>	Asian <input type="checkbox"/>	Other:



Hā Initiative:
Creative Science, Technology, Engineering, and Math (STEM)
After-School Program

Emergency Contact

Full name of Student(s): _____

Age of Student(s): _____ Gender of Student(s): _____

Preferred Medical Facility: _____

I, **(print parent full name)** _____, parent/guardian of **(print student(s) full name(s))** _____ do hereby

authorize the Honolulu Community Action Program (HCAP) and The Ha Initiative: Creative STEM After-School Program to act with limited authority in response to medical and emergency response due to the injury or illness of the participant named above.

I agree to allow the STEM program teacher only to administer basic first aid in event of minor injuries in the classroom (HCAP staff will never administer medication). I authorize that in the event of a medical emergency, defined as life-threatening illness or injury, that the STEM program and HCAP provide and arrange for medical care of the named participant when his/her parent or guardian is not present at the time of acute illness or injury. This will include transportation to a licensed medical facility and allowance for a licensed physician to administer medication, medical care, and necessary treatment for the preservation of the participants' health and well-being. In the event that it is not possible to contact the parent/guardian or listed emergency contacts for instruction, then consent is given to the licensed physician to conduct treatment as deemed necessary for maintaining health and well-being. I understand that any cost incurred for treatment of sudden illness or injury shall be paid by me. This authorization and consent for treatment is given to the STEM program and HCAP in conjunction with any authorized event.

If the parent or primary guardian cannot be reached please call:

Alternate Emergency Contact 1:

Name: _____

Relationship to Participant(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Other) _____

Continue on next page



Hawaii Community Action Program, Inc.

Hā Initiative:
Creative Science, Technology, Engineering, and Math (STEM)
After-School Program

Alternate Emergency Contact 2:

Name: _____

Relationship to Participant(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Other) _____

I certify that all information above is true to the best of my knowledge. I release, indemnify, and hold free and harmless HCAP and each of their members, employees, personnel affiliates, and indemnities, from and against any and all actions, claims, liabilities, assertions of liability, losses, expenses including but not limited to medical fees, attorneys' fees, reasonable investigative and discovery costs and court costs, claim or claims for bodily injury or death of persons and for loss of or damage to property, including claims or loss by the indemnities. These provisions will be help exempt to the extent of causation by the gross neglect or willful misconduct of an indemnity. I hold free and harmless the aforementioned which, in any manner, may have arisen or alleged to have arisen, or resulted or alleged to have resulted, from the presence, activities and promotions of any nature whatsoever or otherwise of the undersigned, or affiliates, located on or adjacent to the premises known as the Hā Initiative (HCAP).

Signature of Parent/Guardian _____

Date: _____



Hā Initiative:
Creative Science, Technology, Engineering, and Math (STEM)
After-School Program

Sign-Out Release Options

Student(s) Information

First Name(s): _____ Last Name(s): _____

Check all that apply

_____ Walk/Bus. My child(ren) can sign-out from the program on his/her own and leave without an adult

My child(ren) may leave the program at any time

My child(ren) must wait until the program ends at 5pm

My children can leave the program at _____ (fill in time)

_____ Parent pick-up. I need to be there to sign out my child(ren)

_____ Other relative pick-up. List all names of people who can pick-up.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Print Name of Parent/Guardian

Signature of Parent/ Guardian

Date



A Non-Profit Human Service Agency

Corporate Office Location
 1132 Bishop Street, Suite 100 * Honolulu, HI 96813
 Telephone (808) 521-4531 * Fax (808) 521-4531

The Hā Initiative: Creative STEM After-School Program

TANF ELIGIBILITY WORKSHEET

HCAP is requesting that you complete this form in order for us to collect information that allows us to qualify for certain grants and funding. The answers to the questions will not affect your eligibility for benefits in any way and no personal information will be shared or disclosed.

1. I am a parent or relative caring for a child(ren) 18 years of age or younger
2. I am or my child(ren) are (check all that apply):
 - a. In a household that is income eligible for free or reduced lunch
 - b. In a household that receives public cash assistance
 - c. In a household that receives Supplemental Nutrition Assistance (SNAP)
 - d. In a household whose current gross annual income is below 300% of the Federal Poverty Level (See Chart Below)

State of Hawaii- 300% of the 2022 FEDERAL POVERTY LEVEL

Household Size	Maximum Monthly Gross Income	Maximum Yearly Gross Income	Household Size	Maximum Monthly Gross Income	Maximum Yearly Gross Income
1	\$3,908	\$46,890	7	\$12,053	\$144,630
2	\$5,265	\$63,180	8	\$13,410	\$160,920
3	\$6,623	\$79,470	9	\$14,768	\$177,210
4	\$7,980	\$95,760	10	\$16,125	\$193,500
5	\$9,338	\$112,050	11	\$17,483	\$209,790
6	\$10,695	\$128,340	12+	Add \$1,358 monthly income for each additional person	

3. I am a U.S. citizen or a non-citizen residing lawfully in the United States

Print Name

Date

Signature



Hā Initiative: Creative Science, Technology, Engineering, and Math (STEM) After-School Program

Media Release Consent Form

I, the undersigned, do hereby authorize Honolulu Community Action Program, Inc. (HCAP) and/or parties other than HCAP (i.e. newspapers, news programming, public broadcasting, etc.) to use any quotes, photographs, digital images, movies, audio/video recordings, biographical information, or academic work in all forms of media, including social media, for the purposes of evaluation, instruction, education, and promotion of HCAP's non profit services.

I understand there will be no compensation for my time or expenses relating to the terms of this consent.

This consent applies to me and all members in my household.

I understand that my consent can be withdrawn at any time by sending written notification to HCAP's Director of Planning, Program Development & Communications at 1132 Bishop Street, Suite 100, Honolulu, HI 96813-2807

Print Name of Student(s)

Print Name of Parent/Guardian

Signature of Participant or Parent/ Guardian

Date

Name of Center/ Program

Student #1



STATE OF HAWAII DEPARTMENT OF EDUCATION

CONSENT FOR RELEASE OF INFORMATION

Student's Name: [Redacted] Date of Birth: [Redacted]

Grant permission to the Hawai'i Department of Education, [Redacted] Name of DOE School or Office

Address [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

Department of Education Contact [Redacted] Phone Number [Redacted] Fax Number [Redacted]

To: [X] RELEASE [X] RECEIVE (Check one) Initial: [Redacted] Initial: [Redacted]

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawai'i Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) to or from the agency or person listed below:

Honolulu Community Action Program, Inc. (808) 521-4531
Name of Agency or Person Phone Number
1132 Bishop Street #100 Honolulu HI 96813
Address City State Zip Code

Specify document(s)/information authorized for release or receipt: Any concerns regarding my student and any additional academic help needed.

For the purpose of: Communication between HCAP STEM Program and DOE teachers/admin regarding my student

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

[Redacted] Parent/Legal Guardian or Eligible Student Signature Date

[Redacted] PRINTED Name of Parent/Legal Guardian or Eligible Student Phone Number

Address [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

Student #2 (if applicable)



STATE OF HAWAII
DEPARTMENT OF EDUCATION

CONSENT FOR RELEASE
OF INFORMATION

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Grant permission to the Hawai'i Department of Education, _____
Name of DOE School or Office

Address _____ City _____ State _____ Zip Code _____

Department of Education Contact _____ Phone Number _____ Fax Number _____

To: RELEASE RECEIVE (Check one)
Initial: _____ Initial: _____

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For the purpose of:
Communication between HCAP STEM Program and DOE teachers/admin regarding my student

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

Parent/Legal Guardian or Eligible Student Signature Date

PRINTED Name of Parent/Legal Guardian or Eligible Student Phone Number

Address _____ City _____ State _____ Zip Code _____