



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

783 N. King St.
Honolulu, HI 96817

Honolulu
Pauoa Elementary School

2301 Pauoa Rd.
Honolulu, HI 96813

Central
HCAP Central District Center

99-102 Kalaloa St.
Aiea, HI 96701

Leeward
HCAP Leeward District Center

85-555 Farrington Hwy
Waianae, HI 96792

Windward
Hau'ula Civic Center

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



Honolulu Community Action Program, Inc.

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

Case # _____

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

Student ID 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

Housing Information: *(Check one only)*
 Own Homeless
 Rent Other
 Other permanent housing

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? _____

Number of Members in the Household: _____

Transportation: *(Check all that apply)*
 Own Car Borrowed Car Handi-Van/Cab
 Ride Bus Walk Other

Rented by: Single Family Multi Family

Rent/Mortgage: \$ _____

Income Sources: *(Check all that apply)*
 No Income Retirement income form Soc. Security
 Employment Social Security Disability
 Unemployment Insurance VA Service Disability
 Worker's Compensation VA Non-Service Disability
 Pension Private Disability
 Child Support Supplemental Security Income (SSI)
 Alimony or other spousal support TANF
 Other: _____

Benefits: *(Check all that apply)*
 SNAP EITC
 WIC LIHEAP
 Housing Choice Voucher (Section 8)
 Public Housing
 Permanent Supportive Housing (Housing First)
 HUD-VASH (VA Homeless Programs)
 Childcare Voucher (Childcare Subsidies or free childcare programs)
 Affordable Care Act Subsidy (Obama Care)
 Other _____

Total Household Income: \$ _____

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 Parent/Guardian _____ Date _____

Signature of HCAP Staff _____ Date _____

HOUSEHOLD MEMBERS				INCOME AND COMPOSITION											
Name	Relationship To applicant	Date of Birth	Social Security Number	Age	Gender	Disabled	COFA	Native Hawaiian	Hispanic	Veteran	Active Military	In School	Working		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Level: Ages 14 and older <i>Check one only</i> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post- Secondary School			Health Insurance: Check all that apply <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State/Quest for Children <input type="checkbox"/> State/Quest for Adults <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> No Health Care			Race: Check one only <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race (two or more races) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			Working Status: Individuals 18+ <i>Check one only</i> <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) <input type="checkbox"/> Unemployed (Long-Term, more than 6 months) <input type="checkbox"/> Unemployed (Not In Labor Force)						
Other Income Source: Check all that apply <input type="checkbox"/> No Income <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> EITC (Do Not Collect Document)						<input type="checkbox"/> Retirement income form Soc. Security <input type="checkbox"/> Social Security Disability <input type="checkbox"/> VA Service Disability <input type="checkbox"/> VA Non-Service Disability <input type="checkbox"/> Private Disability <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other: _____			Non Cash Benefits: Check all that apply <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Permanent Supportive Housing (Housing First) <input type="checkbox"/> HUD-VASH (VA Homeless Programs) <input type="checkbox"/> Childcare Voucher (Childcare Subsidies or free childcare programs) <input type="checkbox"/> Affordable Care Act Subsidy (Obama Care) <input type="checkbox"/> Other _____						
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Total Monthly Income: \$ _____															



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. _____ Grade(s): 1. _____
2. _____ 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: _____



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

Honolulu Community Action Program, Inc.

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

Emergency Contact

Full name of Participant: _____

Age of Participant: _____ Gender of Participant: _____

Preferred Medical Facility: _____

I, **(print parent full name)** _____, parent/guardian of **(print student full name)** _____ 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: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Continue on next page



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

Alternate Emergency Contact 2:

Name: _____

Relationship to Participant: _____

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**

Student Medical and Emergency Contact Information

Please list any student medical conditions that you would like the Lead Teacher to be aware of:

Please list any student allergies:

Does the student have an EpiPen for allergies?

Yes

No

Does the student have any special needs or disabilities the Lead Teacher should be aware of? If yes, please specify.

Yes

No

Specify: _____

Preferred Medical Facility: _____

Emergency Contact (if parent cannot be reached):

Name: _____

Relationship to Student: _____

Address: _____

Phone Number: _____



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

Sign-Out Release Options

Participant's Information

First Name: _____ Middle Initial: _____ Last Name: _____

Check all that apply

_____ My child can sign-out from the program on his/her own and leave without an adult

_____ My child will ride the bus home

_____ My child will walk home

_____ My child may leave the program at any time? Yes or No

_____ Parent/Guardian pick-up. I need to be there to sign out my child

_____ 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 (if participant is under 18 years of age)

Signature of Participant or Parent/ Guardian

Date



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 Participant

Print Name of Parent/Guardian (if participant is under 18 years of age)

Signature of Participant or Parent/ Guardian

Date

Name of Center/ Program



Honolulu Community Action Program, Inc.

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

Release of Information

I, the undersigned, do hereby authorize Honolulu Community Action Program, Inc. (HCAP) to obtain grades and teacher surveys concerning my child from the Hawaii Department of Education, Charter Schools, or Private Schools.

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 Participant

Print Name of Parent/Guardian

Signature of Participant or Parent/ Guardian

Date

Name of Center/ Program

Name of School Participant Attends

Upcoming Grade AY 20__-20__ : _____