DCS-S8-02 (Rev 2009)

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

Intake _____
Reexam

842 BETHEL STREET, 1st FLOOR HONOLULU, HI 96813 PHONE: (808)768-7096 FAX: (808)768-7039
1000 ULU'OHI'A STREET, 118 KAPOLEI, HI 96707 PHONE: (808)768-3000 FAX: (808)768-3237 TDI: (808) 768-3228
INTERNET: http://www.honolulu.gov

VERIFICATION OF WELFARE, FOOD STAMPS, AND OTHER ASSISTANCE PAYMENTS

State of Hawaii, Department of Human Services

_____ **Please reply by _____**

_____

Federal regulations require that income and assets of all applicants/participants in the Section 8 Rental Assistance Program be verified.
We would appreciate your cooperation in filling out verification form and returning it to our office as soon as possible.
All information will be held in the strictest confidence.

I, _____, hereby give permission to the Department of Human Services to release information contained in my records to the City and County of Honolulu. I appreciate you providing this information to them.

_____ _____
Date Signature

Please "X" if applicable. Welfare assistance reduced because of:
- ☐ fraud
- ☐ failure to participate in an economic self-sufficiency program
- ☐ failure to comply with a work activities requirement

Period of penalty from: _____ to _____.
Case# _____

$_____ Standard of assistance prior to any reduction in benefit.

Types of assistance: ☐ TANF ☐ GA ☐ Food Stamps ☐ Medicaid/Medical

Names of people in this household receiving assistance_____

_____

Full benefit amount for a family of _____ $_____

Other income received by family (Source Amount) 1. _____ $_____
2. _____ $_____
3. _____ $_____

Allowance from earned income (Type/Amount) _____ $_____

Recoupment $_____ Until when? _____

BENEFIT AMOUNT ISSUED: $_____

ASSETS: (Please list) _____

Child Support Pass-Thru? ☐Yes ☐No Amount per month _____ $_____

If irregular payments received, what is the amount received in the last 12 months? $_____

If Medical Only, what is the cost share amount? $_____

In the past year, which months was cost share met? _____

Employment Subsidy? ☐Yes ☐No Amount per month $_____

COMMENTS:_____

☐ This client has reported earnings.
Please provide a printout for financial benefits
Period _____ to _____.

_____
Signature of Income Maintenance Specialist/Unit

_____
Address / Phone No. / Date

PLEASE RETURN COMPLETED FORM TO ONE OF THE ADDRESSES SHOWN ABOVE.

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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_____

_____

_____

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STATE OF HAWAII
Department of Human Service

Benefit, Employment and Support Services Division

CONSENT TO RELEASE INFORMATION

I _____, hereby give permission
(1) *(Circle One: Applicant / Recipient / Legal Guardian)*
to the Department of Human Services, Benefit, Employment and Support Services Division (BESSD) to release information from their records pertaining to me or my family to:

City and County of Honolulu, Section 8 Rental Assistance Program
(2) *(Name of Person / Organization)*

Case# _____

(3) The information to be reviewed / released is limited to the following: Names of people in this household receiving assistance:
Type of Assistance: TANF, GA, Food Stamps, Medical, Employment Subsidy, Child Care Reimbursement
Benefit Type & Amount Issued: If Medical Only, cost share amount:
Family's Income & Assets (source/amount.) If cash benefit is reduced, please provide reason and penalty Period (Fraud/Non-compliance to work activity/Non-participation in economic self-sufficiency program.
(4) This information is to be used for: To determine the amount of housing assistance, if eligible. Please provide a printout for financial and food stamps benefits for the past 12 months.
(State Purpose)

(5) This consent is good until _____ (not to exceed one year from date
(month) (day) (year)
signed unless I cancel it in writing to DHS-BESSD).
I understand why the information is being requested, how it will be used, and that this consent is time limited to my protection.

_____ /
(6) *(Signature of Applicant / Recipient / Legal Guardian)* ***(7)*** *(Date)*

_____ /
(8) *(Address of Applicant / Recipient)* *(9) (Social Security No. of Applicant/Recipient*

I hereby agree that the information released will be used only for the purposes stated above and will not be released to any other individual, agency, or organization (HRS 346-10).

_____ /
(10) *(Signature of person receiving / reviewing information)* *(Date)*

Return Completed Form To:

City and County of Honolulu
Kapolei Hale Office
Section 8 Rental Assistance Program
1000 Ulu'ohi'a Street, #204
Kapolei, Hawaii 96707

_____
(12) *Worker's Name* *Telephone No.*

_____
_____
_____

Complete two (2) copies:
Original – Case Record Copy

STATE OF HAWAII
Department of Human Service

Benefit, Employment and Support Services Division

PROGRAM CLARIFICATION

PC NO.:	08-001
SUBJECT:	RULE CHANGES TO AFDC, GRANT DIVERSION AND FIRST-TO-WORK PROGRAMS
SECTION(S):	17-602.1-10, 656.1-2, 656.1-6, 656.1-8.1, 656.1-8.2, 656.1-10, 656.1-20, 656.2-10, 656.2-16, 656.2-32, 656.2-33, 656.2-34, 656.2-54, 656.2-55
ORIGINATOR(S):	D. Matsuoka, G. Candeau, F. Chi
EFFECTIVE DATE:	01/15/08
ISSUE DATE:	01/07/08

INFORMATION ONLY:
□ FS □ FA ■ CCCH ■ CCL □ FTW ■ E&T

ACTION REQUIRED:
■ FS ■ FA □ CCCH □ CCL ■ FTW □ E&T

FOR INFORMATION AND ACTION:

As you are aware, the pursuit of New Opportunities (PONO) waiver expired in February 2006 an the Temporary Assistance for Needy Families (TANF) program was reauthorized through the Deficit Reduction Act (DRA) of 2005. The DRA required revisions to our administrative rules and new work participation outcomes. The proposed TANF and Grant Diversion rules were heard in a Public Hearing on 12/17/07. The First-to-Work rules will be heard in a Public Hearing on 12/27/07. We anticipate that all the rules will be adopted in January 2008. **Implementation is scheduled for 1/15/08.**

These rule changes will require IM staff to make coding changes on the affected cases and to review these changes with their clients. This is explained in section II of this PC, "Adhoc Printouts for Coding Changes in HAWI". Mandatory training for clerical and eligibility staff on these changes is being held from 12/17-12/28/07.

Note: There are no Grant Diversion (GD) services on Molokai and Lanai at this time.

FINANCIAL ASSISTANCE PROGRAM

I. AFDC and GD Program Rule Changes Effective 1/15/08

The following is a summary of the changes to the AFDC and GD program rules.

1. Definitions