



## Planning and Coordinating Council Application

<b>Name</b>		<b>Birthdate</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
<b>Address</b>		<b>City</b>		<b>State</b>	
<b>Mailing Address</b>		<b>Phone Day</b>	<b>Evening</b>		
<b>Zip Code</b>		<b>TDD/TTY</b>			
<b>Health Insurance</b> <input type="checkbox"/> NO Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Ins. <input type="checkbox"/> State Adult Health Ins. <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown / Not Reported		<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2 or more) <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> Other		<b>Ethnicity</b> <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> NOT Hispanic, Latino or Spanish origin <input type="checkbox"/> Unknown / Not Reported	<b>Age</b> <input type="checkbox"/> 0-5 <input type="checkbox"/> 55-59 <input type="checkbox"/> 6-13 <input type="checkbox"/> 60-64 <input type="checkbox"/> 14-17 <input type="checkbox"/> 65-74 <input type="checkbox"/> 18-24 <input type="checkbox"/> 75+ <input type="checkbox"/> 25-44 <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> 45-54 <input type="checkbox"/> Reported
<b>Disabling Condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Limited English</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Military Status</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Unknown / Not Reported	<b>Work Status</b> <input type="checkbox"/> Employed, Full-time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Employed, Part-time <input type="checkbox"/> Unemployed (6 mths or less) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term for more than 6 months) <input type="checkbox"/> Unknown/Not Reported <input type="checkbox"/> Unemployed, (not in labor force)
<b>Email Address</b>					
<b>Level of Income</b> See page 3 for gross income declaration		<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		<b>Housing</b> <input type="checkbox"/> Own <input type="checkbox"/> Other permanent Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown / Not Reported	
<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> High School Grad /GED <input type="checkbox"/> 2to 4 year College graduate <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> 12+ some postsecondary <input type="checkbox"/> Unknown / Not Reported					
<b>Family/Household Size</b> <input type="checkbox"/> One member <input type="checkbox"/> Five members <input type="checkbox"/> Two members <input type="checkbox"/> Six members or more <input type="checkbox"/> Three members <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> Four members			<b>Family/Household Type</b> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Non-related With/Children <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Single Person <input type="checkbox"/> Other: _____ <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> Two Adults NO Children		
<b>Annual Household Income</b> See page 2					

<b>Source of Family Income</b> <input type="checkbox"/> Employment ONLY <input type="checkbox"/> Employment + Other ONLY <input type="checkbox"/> Employment + Other + Non-cash Benefits <input type="checkbox"/> Employment + Non-cash Benefits <input type="checkbox"/> Other Sources ONLY <input type="checkbox"/> Other + Non-cash Benefits		<input type="checkbox"/> NO Income <input type="checkbox"/> Non-Cash Benefits ONLY <input type="checkbox"/> Unknown /not reported  Please report the types of <u>Other</u> income and/or <u>Non-cash Benefits</u> received by the households who reported sources other than income	<b>Other Income Source</b> <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> VA Service disability Comp <input type="checkbox"/> VA Non-Service Disability Pension <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Retirement Income from Social Security		<input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony or other Spousal Support <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> EITC <input type="checkbox"/> Other, Unknown /Not Reported			
<b>Non-Cash Benefits</b> <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP					<input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> HUD - VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Other <input type="checkbox"/> Unknown /Not Reported	
<b>Client Signature</b>				<b>Date</b>				

**125% OF THE 2020 FEDERAL POVERTY GUIDELINES FOR HAWAII**

Persons in Family/Household	Poverty Guidelines	
	Annual	Monthly
1	\$18,350	\$1,529
2	\$24,788	\$2,066
3	\$31,225	\$2,602
4	\$37,663	\$3,139
5	\$44,100	\$3,675
6	\$50,538	\$4,211
7	\$56,975	\$4,748
8	\$63,413	\$5,284

For families/households with more than eight people, add \$6,438 to the annual for each additional person.