



Planning and Coordinating Council Application

Name		Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Address		City	State	Zip Code
Mailing Address		Phone Day	Evening	TDD/TTY
Health Insurance <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	Race <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	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> NOT Hispanic, Latino or Spanish origin <input type="checkbox"/> Unknown / Not Reported		Age <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
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Unknown / Not Reported	Work Status <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)	
Email Address				
Level of Income See page 3 for gross income declaration		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Housing <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
Education Level <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				
Family/Household Size <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		Family/Household Type <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		
Annual Household Income See page 2				

Source of Family Income <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		Other Income Source <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						
Non-Cash Benefits <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	
Client Signature					Date							

125% OF THE 2024 FEDERAL POVERTY GUIDELINES FOR HAWAII

Household/ Family Size	Annual	Monthly
1	\$ 21,637.50	\$ 1,803.13
2	\$ 29,375.00	\$ 2,447.92
3	\$ 37,112.50	\$ 3,092.71
4	\$ 44,850.00	\$ 3,737.50
5	\$ 52,587.50	\$ 4,382.29
6	\$ 60,325.00	\$ 5,027.08
7	\$ 68,062.50	\$ 5,671.87
8	\$ 75,800.00	\$ 6,316.66
9	\$ 83,537.50	\$ 6,961.45
10	\$ 91,275.00	\$ 7,606.24

For families/households with more than ten people, add \$7,737.50 to the annual for each additional person