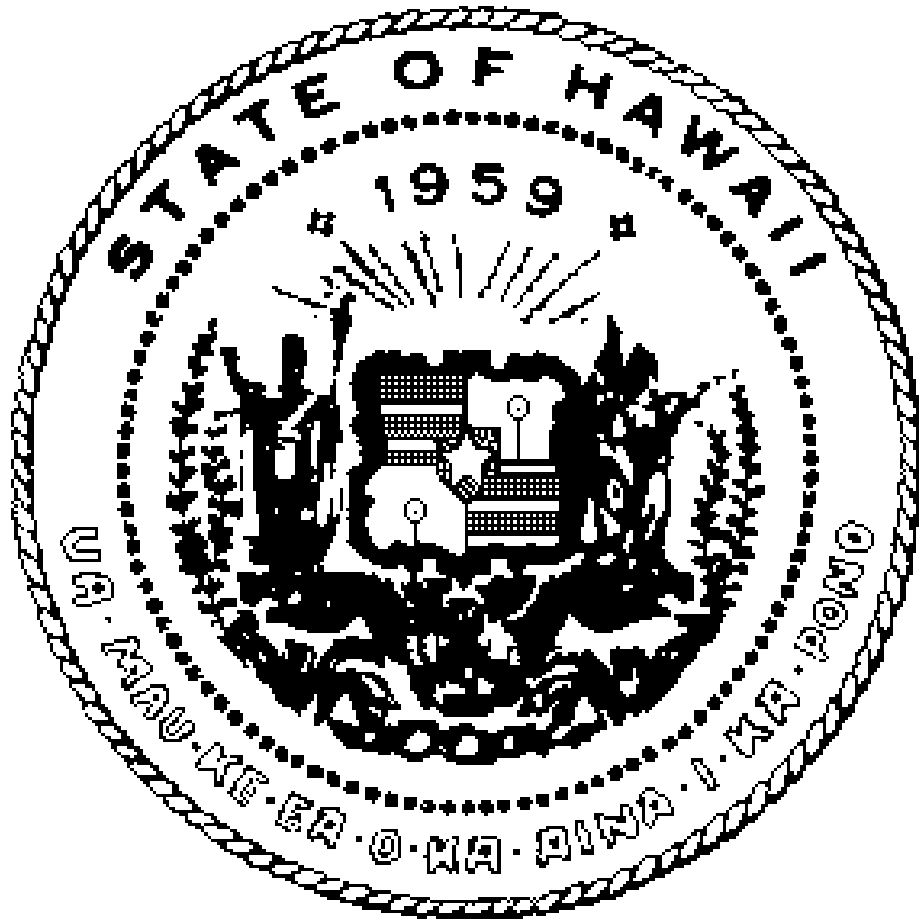


# A GUIDE TO CHILD WELFARE SERVICES



State of Hawaii  
Department of Human Services  
Social Services Division  
Child Welfare Services Branch

Aloha,

This *Guide to Child Welfare Services* was developed to help the Child Welfare Services Branch better serve you and to help answer some questions you may have.

Child safety is our paramount concern. The Department of Human Services, Child Welfare Services Branch, is committed to strengthening families and helping parents provide a safe family home for their children. If foster care is necessary to ensure the safety of a child, every reasonable effort will be made to have the child placed with relatives or family friends.

When a child cannot be safely returned to the family home within a reasonable time frame as defined by state and federal laws, the Child Welfare Services Branch is mandated to find an alternate permanent placement such as adoption or legal guardianship.

We hope this Guide is helpful in explaining how the Child Welfare Services Branch operates and how we can help your family. If you have further questions, please contact the child's social worker.

Lillian B. Koller, Esq.  
Director  
August 2004

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- 1) Bilingual or Sign Interpreter Services
- 2) Administrative Hearing Application and Information
- 3) Family Court Application For a Lawyer

## **What is Child Welfare Services and what does the Child Welfare Services Branch do?**

Child welfare services are services provided by the Department of Human Services, Child Welfare Services (CWS) Branch, to children and their families when the children are reported to have been abused and/or neglected or to be at risk for abuse and/or neglect. These services include child protection, family support, foster care, adoption, independent living, and licensing of foster family homes, group homes, and child placing organizations.

The mission of the Child Welfare Services Branch is to ensure the safety and permanency of children in their own homes or, when necessary, in out-of-home placements. When a child cannot be safely returned to the family within a reasonable time frame, we proceed with a permanent placement for the child through adoption, legal guardianship, or other long-term substitute care. The Child Welfare Services Branch has offices on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai.

## **What is Child Abuse or Neglect?**

The law requires parents to provide their children with a safe family home, free from child abuse and/or neglect. Child abuse and neglect is often referred to as harm, and risk for child abuse and neglect is often referred to as threatened harm. Child abuse or neglect includes physical abuse or neglect, medical neglect, psychological abuse or neglect, inadequate care and supervision, sex abuse, or giving illegal drugs to a child by a family member, legal guardian, or a person responsible for that child's care.

You can also refer to the Hawaii Revised Statutes (HRS) Chapter 587, which defines child abuse and neglect in more detail. See page 10 for information on how to review HRS Chapter 587.

## **How does CWS receive a report?**

Any person who has reason to believe that a child has been or may be abused and/or neglected can immediately report to CWS or to the police department. The law requires certain people to report child abuse and/or neglect. These include doctors, nurses, other health-related professionals; employees or officers of schools; employees in social, medical, hospital, or mental health services, including financial assistance; employees or officers of any law enforcement agency; and individual providers or employees or officers of any child care facility.

Those who are required to report and who knowingly fail to report, or who knowingly fail to provide additional information, or who prevent another person from reporting such an incident, shall be guilty of a petty misdemeanor. A person who has been convicted of a petty misdemeanor may be fined or sentenced to imprisonment for a definite term as determined by the court. For more information on mandated reporters, refer to HRS Chapter 350.

## **Can I find out who made the report?**

No. According to HRS Chapter 350-1.4 (b), we must make every reasonable good faith effort to maintain the confidentiality of the name of the individual who makes a child abuse report. The name of the individual can only be released if the individual agrees or by court order.

## **What happens during the assessment?**

A CWS social worker is assigned to assess the report and to determine if it is true. The social worker will gather as much information as possible by talking to you, the child, other family members and if necessary, others in the community such as neighbors, the school, and pediatrician. A decision whether the report is confirmed, not confirmed, or unsubstantiated must be made within sixty days of the date the report was accepted for assessment.

## **What right does the CWS social worker have to come to my home?**

CWS is required by law (HRS Chapter 350, HRS Chapter 587) to immediately take appropriate action on all reports of child abuse and neglect. In order to do this as fairly and as thoroughly as possible, the CWS social worker needs to talk to you and your family. The CWS social worker may also need to talk to other people in order to complete the assessment.

## **Can the CWS social worker interview my child without my consent?**

Yes. HRS Chapter 587-21 allows the CWS social worker to interview the child without the parent's prior approval and without the presence of the child's family.

## **What are my rights during the CWS assessment?**

- To know the allegations of child abuse and/or neglect
- To know whether the report of child abuse and/or neglect is confirmed, unconfirmed or unsubstantiated
- To know what action, if any, CWS will take
- To hire an attorney
- To have an advocate

## **What is an advocate?**

An advocate can be a relative, a friend or someone from your church or community, whose support you want during your involvement with CWS. The advocate can be an attorney or a non-attorney.

You have the right to ask CWS to have your advocate participate in your CWS case. If your case goes to Family Court, you have the right to ask the Family Court to have your advocate participate in the court's proceedings.

## **Will the police get involved?**

The police may investigate with the CWS social worker or conduct their own investigation. Child abuse and neglect reports can be made to CWS or to the police department. CWS forwards all reports to the police and the police determine whether they will conduct a criminal investigation.

## **Will my child get taken away from me?**

If a law enforcement officer determines that a child is unsafe in his/her home, the law enforcement officer will remove the child and release the child to the temporary custody of CWS and for foster care placement.

Law enforcement officers are the only ones who have the legal authority to remove a child from his/her parents. CWS does not have this authority.

## **What happens after my child is released to the temporary foster custody of CWS?**

CWS has three working days to assess the safety of your home. If CWS determines that your home is safe, your child will be returned to your home by the third working day. See also page 4 "What happens during the assessment?"

## **What happens if CWS determines that my home is not safe and that my child must remain in foster custody?**

Foster custody is the legal status defined by HRS Chapter 587 and means that the child is in foster care because the family is presently not willing and able to provide the child with a safe home, even with the assistance of a case plan. See also page 7 “What is a case plan?”

CWS may ask you to sign a Voluntary Foster Custody Agreement to allow your child to stay in foster custody while CWS works with you to identify the services that are needed to make your home safe for your child’s return. If you sign the Voluntary Foster Custody Agreement, you have the right to verbally cancel or terminate the agreement and ask for your child to be returned. CWS must either return your child to you or seek law enforcement’s intervention to have your child remain in CWS custody.

Or, CWS may file a temporary foster custody petition with the Family Court. Once a petition is filed in Family Court, a hearing will be scheduled within 2 working days from the date the temporary foster custody petition is filed.

## **Does foster custody mean my child is in foster care placement?**

Yes. The primary goal of CWS is to maintain the child safely in the family home. When this is not possible, your child will be placed in foster care and CWS will make every effort to place your child with your relatives or family friends who are able to meet foster home licensing requirements as foster parents for the child. You will have visits with your child, unless CWS and/or Family Court determines that visitation is not in your child's best interest. You can provide names of individuals who can help with transporting the children or supervising the visits.

## **How can CWS help me?**

CWS provides services and referrals to help strengthen families. Services may include:

- Family conference or Ohana Conference
- Parenting education, support groups
- Individual, marital, or family counseling
- Substance abuse treatment
- In-home support and outreach, child care
- Emergency help with food, clothing, rental deposit
- Foster care

Your CWS social worker can provide you with a list of available resources. Some services are not always available in every area; however, CWS makes reasonable efforts to secure the services that you and your family need.



## **What is a case plan?**

When services are needed, CWS will develop a case plan (like a road map) with you to identify services to help your family provide a safe family home for your child. The case plan is made with your input and includes:

- The goals to be accomplished and why
- The services you and your family need
- How and by whom services are to be given
- The responsibilities for you, CWS, and others (e.g., foster parents) who are participating in the case plan
- When the goals are to be completed
- The consequences if the services are not completed and the goals are not accomplished

## **What can I do if I disagree with the findings of the CWS assessment?**

If your case is not involved with Family Court, you can request to speak with the social worker's supervisor or administrator, and you can also request an Administrative Hearing. A sample form to request an Administrative Hearing and important instructions are included at the back of this Guide.

If your case is involved with Family Court, you can share your concerns with the court.

## **How can I make sure that the CWS record includes my comments or corrections that I think should be made?**

We encourage you to submit your comments or corrections in writing. Your written documentation will be included in the CWS record.

If your case is involved with Family Court, we encourage you to submit your written documentation to the court also.

## Can I have my name removed from the CWS database?

Yes, in some circumstances. HRS Chapter 350-2 (d) permits the Department to maintain a database of reported child abuse or neglect cases and your case will be maintained by the Department to assist in future risk and safety assessments. HRS Chapter 350-2 (d) also requires the Department to remove or expunge your name from the Department's database if the child abuse report is unsubstantiated (the report was found to be made frivolously or in bad faith) or the Department's petition arising from the child abuse report was dismissed by the Family Court.

If CWS confirms child abuse or neglect, the information is entered into the Department's database to help with future risk and safety assessments. The information may be used in the future with your informed consent, as provided by Federal and State laws and DHS Rules, for a background check for employment, or if you apply to be a foster parent or a childcare provider.

If CWS does not confirm child abuse or neglect, the information is entered into the Department's database to help with future risk and safety assessments. The information will not be used in the future as part of a background check for employment, or if you apply to be a foster parent or a childcare provider.

## Do I need a lawyer?

- You have the right to consult with a lawyer on your own at any time during CWS' involvement with your family.
- If your case goes to Family Court, you are encouraged to fill out the Family Court's application for a lawyer (sample form is included at the back of the Guide). The Family Court will decide whether you are eligible for a court-appointed attorney. Otherwise, you may hire your own attorney.
- If you have an advocate, you have the right to ask CWS that your advocate participate in your CWS case. If your case goes to Family Court, you have the right to ask the Family Court for permission to have your advocate participate in the court proceeding.

## What is a Family Court hearing?

CWS submits a petition to the Family Court when CWS determines that the family cannot or will not do what is necessary to ensure the safety of a child. There is a hearing before a judge to determine whether there is sufficient reason for the State to intervene on your child's behalf. The CWS social worker will inform you when a petition is filed with Family Court and will provide you with the forms to complete to apply to Family Court for a court-appointed attorney (a sample form is included at the back of this Guide).

## What about my child's rights?

If a Family Court proceeding is required, the child will be appointed a guardian ad litem who will protect your child's interests during the legal proceedings.

## What if I do not agree with the Family Court's order?

**WHAT FOLLOWS IS A SIMPLIFIED VERSION OF THE APPEAL PROCESS. IT IS NOT INTENDED AS LEGAL ADVICE. IN THE EVENT YOU DECIDE TO APPEAL A COURT'S DECISION, WE STRONGLY RECOMMEND THAT YOU CONSULT WITH AN ATTORNEY TO ASSIST YOU WITH THE PROCESS.**

- If you disagree with the Family Court's order and you want to appeal, you **MUST** file a "Motion for Reconsideration" within 20 calendar days from the date of the court's order. **Calendar days include weekends and holidays.**
- If the Family Court denies your "Motion for Reconsideration" and you want to appeal further, you **MUST** file a "Notice of Appeal" with the Family Court within 30 calendar days from the date of the court's order.
- Either the Intermediate Court of Appeals or the Supreme Court will review your case and will decide whether the Family Court's order was correct.
- If the Intermediate Court of Appeals decides your case and you disagree with the decision, you must file a "writ" (similar to a motion) within 30 calendar days with the Supreme Court to ask the Supreme Court to review the Intermediate Court of Appeal's decision.
- If the Supreme Court decides your case and you disagree with the decision, a "Motion for Reconsideration" must be filed within 10 calendar days with the Supreme Court.

## **Can I get my child back after losing my parental rights?**

Probably not. The termination of your parental rights is a legal decision made by the Family Court that you could not provide a safe family home for your child while your child was in foster care, even with the assistance of a case plan, within a reasonable period of time, not to exceed two years from the date when your child was first placed in foster custody.

Once your parental rights are terminated, the Family Court places your child under the Department's permanent custody and your child will be placed in an alternate permanent placement such as adoption or placed in the permanent custody of another caretaker. If your child has not been adopted or placed in the permanent custody of another caretaker, according to HRS Chapter 587-73 (b) (3) (C), you can file a Motion to Intervene with the Family Court to show the court that there have been extraordinary circumstances (major turn-around) in your life. The court will review the Motion and decide whether to give you another chance to care for your child.

## **Can I visit my child after losing my parental rights?**

Probably not. If your child has been adopted or placed in the permanent custody of another caregiver, the child's caregiver has the right to decide whether to allow you to visit with your child.

If your child has not been adopted or placed in the permanent custody of another caregiver, according to HRS Chapter 587-1, you will be allowed to visit your child only if CWS, the child's guardian ad litem, and the Family Court determine that your visit with the child is in your child's best interest.

## **How can I get more information?**

You can review Hawaii Administrative Rule 17-920.1, which pertains to CWS, via the Internet at <http://swat.state.hi.us/vrc.htm>. Or you can review the rule in the CWS office or in the Office of the Lieutenant Governor. If you would like a copy of the rule, a fee will be charged to cover the photocopying cost. You can also review HRS Chapters 350 and 587 of the Hawaii Revised Statutes, the laws that pertain to child abuse and neglect, via the Internet at <http://www.capitol.hawaii.gov/site1/docs/searchhrs.asp> or in the reference section of your state library.



State of Hawaii  
Dept. of  
Human Services



**BILINGUAL OR SIGN INTERPRETER SERVICES**

**We can provide a bilingual or sign language interpreter at no charge to you, so that you know what we are saying. Do you want us to provide an interpreter?**

**Complete this form and return to the address listed at the top of the first page.**

- Yes, I will need a \_\_\_\_\_ language interpreter.
- No. I will provide my own interpreter or have a family member or friend interpret for me. I understand that my interpreter must be good enough so that I know what you are saying to me.  
I speak/understand \_\_\_\_\_ language.

My name is \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Apt.#

\_\_\_\_\_ City Zip Code

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**KOREAN**

**이중언어 또는 귀먹은 사람을 위한 통역자 봉사**

우리는 당신에게 우리가 무엇을 말하는지 아시도록, 이중언어나 사인언어 통역자를 무료로 제공드릴수 있습니다. 우리가 당신께 통역자를 제공해 드리기를 원하십니까? 이 양식을 완성시키셔서 첫장의 맨 꼭대기에 적힌 주소로 돌려보내주십시오.

- 네, 저는 \_\_\_\_\_ 말 할수있는 통역자가 필요합니다.
- 아니요. 저는 저의 통역자를 마련하거나 내 가족중에서나 친구가 저를 위해 통역을 해줄수있습니다. 저는 저의 통역자가 당신이 저에게 말하는 것을 제가 이해 할 수있게 할 능력이 있음을 인지합니다.  
저는 \_\_\_\_\_ 말을 합니다.

저의 이름은 \_\_\_\_\_  
성 이 름

주소: \_\_\_\_\_  
거리 아파트 번호

\_\_\_\_\_ 시 우편번호

전화: \_\_\_\_\_ 사회보장제도번호: \_\_\_\_\_

### 雙語或手語傳話服務

我們可以免費給你提供一位雙語或手語譯員，以便你能夠了解我們所說的話。

你想要我們提供一位譯員嗎？

請填妥此表格，然後依照第一頁頂頭所列的地址寄回。

- 是的，我需要一位能夠講\_\_\_\_\_話的譯員。
  - 不要，我自己會找一位譯員或親友來給我傳話。我知道給我傳話的人必須有足夠的語言能力才能夠使我明白你們對我所說的話。
- 我講\_\_\_\_\_話。

我的姓名： \_\_\_\_\_ (先寫姓，後寫名)

地址： \_\_\_\_\_ (門牌、街道、單位)

\_\_\_\_\_ (市、郵區號碼)

電話： \_\_\_\_\_ 社會保障 (即工卡) 號碼： \_\_\_\_\_

### JAPANESE

#### 二か国語、または手話の通訳者サービス

私たちが話すことの内容をあなたに理解していただくために、二か国語、あるいは手話による通訳者の手配を無料にて行っています。あなたはこのような通訳サービスが必要ですか？この用紙に必要事項を記入の上、1ページ目の上部に記載されている住所宛に返送してください。

- はい。\_\_\_\_\_語を話す通訳者を手配してください。
  - いいえ。自分で通訳者を用意するか、家族／親戚、または友人が私の通訳をします。この場合、私の通訳を行う者は、私があなただの言葉を理解するために十分な能力を持った者でなければならないことを了承します。
- 私は\_\_\_\_\_語を話します。

名前： \_\_\_\_\_

姓 名

住所： \_\_\_\_\_

番地 ストリート名 アパート番号

市 ZIPコード

電話： \_\_\_\_\_ ソーシャル・セキュリティ番号： \_\_\_\_\_

### LAOTIAN

#### ໂຄງການລັບໃຊ້ດ້ານແປພາສາຕ່າງໆ ພ້ອມດ້ວຍພາສາກີກ

ພວກເຮົາສາມາດຊ່ວຍແປພາສາ, ແລະພາສາກີກໃຫ້ທ່ານໄດ້ໂດຍບໍ່ໄດ້ເສັຽເງິນຫຍັງໜຶ່ງ, ຫວັງວ່າທ່ານຄົງຈະເຂົ້າໃຈສິ່ງທີ່ເວົ້າມານີ້. ທ່ານຕ້ອງການຢາກໃຫ້ພວກເຮົາຊ່ວຍໃນດ້ານແປພາສາບໍ່ ? ກະຮຸນ່າເພີ່ມຂໍ້ຄວາມໃສ່ໃນຟອມນີ້ ແລ້ວໃຫ້ສົ່ງຕາມທີ່ຢູ່ຂ້າງເທິງນີ້.

- ຕົກລົງ. ຂ້ອຍຕ້ອງການນາຍພາສາ ທີ່ ປາກພາສາ.....ໃດ້.
- ບໍ່. ຂ້ອຍຈະເອົານາຍພາສາຂອງຂ້ອຍເອງ ຫລື ຄົນທີ່ຢູ່ໃນຄອບຄົວ ຫລື ໝູ່ເພື່ອນມາເປັນນາຍພາສາ. ຂ້ອຍເຂົ້າໃຈດີວ່າ ນາຍພາສາຂອງຂ້ອຍຈະເຂົ້າໃຈດີທຸກຢ່າງທີ່ເວົ້າເວົ້າມາ. ຂ້ອຍປາກພາສາ.....

ຊື່ຂ້ອຍແມ່ນ \_\_\_\_\_

ນາມສະກຸນ ນິ

ທີ່ຢູ່ \_\_\_\_\_

ເລກເຮືອແລະຖານີ ອາຄານ

ເມືອງ ອຳເພີ ໄທ

ໂທຣຊານ \_\_\_\_\_ ເລກໂສໂສ. \_\_\_\_\_

SAMOAN

LUA GAGANA POO SAINI I LIMA INA IA MALAMALAMA

E mafai ona matou saunia gagana e lua poo saini i lima e te iloa ma malamalama ai e aunoa ma se tau. E mafai ona matou saunia se faamatala upu mo ia itu mo oe.

Faatumu avanoa o loo i lalo i le IOE poo le LEAI ma meli mai.

Ioe, ou te manao i se faamatalaupu i le gagana \_\_\_\_\_

Leai, ou te aumaia lava e au sau faamatala upu poo se tasi o lo'u aiga e malamalama lelei ina ia ou iloa mea uma. Ou te tautala i le gagana \_\_\_\_\_

O lo'u igoa \_\_\_\_\_  
Faai'u Igoa Muamua

Tuatusi \_\_\_\_\_  
Street Apt #  
City Zip Code

Telefoni \_\_\_\_\_ Numera Saogalemu \_\_\_\_\_

TONGAN

KO E POTO LELEI HA LEA FAKAFONUA 'E UA PE KO E FAKATONULEA 'OKU FAKA'ILONGA'AKI 'A E NIM'A

Te mau lava 'o 'omai ha taha 'oku poto lelei ha lea fakafonua 'e ua pe talanoa faka'ilonga'aki 'a e nimá 'o ta'e totongi pē ia kiate koe, koe'uhí ke tau femahino'aki 'a 'etau talanoá. 'Oku ke loto fiemālie ke mau 'omai ha taha ke fakatonulea?

Fakafonu 'a e pepa ko ení pea fakafoki ki he tu'asila 'oku hā atu 'i 'olunga 'i he peesi 'uluakí.

[ ] 'Io, te u fiema'u ha fakatonulea faka \_\_\_\_\_

[ ] 'Ikai, te u ha'u pē au mo 'eku fakatonulea pe ko e mēmipa pē 'o hoku fāmīlī, pē ko hoku maheni pē te ne fakatonulea ma'akú. 'Oku mahino lelei kiate au kuopau foki ke fu'u matu'aki poto lelei mo fe'unga 'a 'eku fakatonuleá koe'uhí ke tau femahino'aki. 'Oku ou lea faka \_\_\_\_\_

Ko hoku hingoá ko \_\_\_\_\_  
fakaiku 'uluaki

Tu'asilá: \_\_\_\_\_  
hingoa 'o e hala fika 'o e 'api

\_\_\_\_\_ koto lahi fika fakafonua

Fika telefoní: \_\_\_\_\_ Fika ngāue \_\_\_\_\_

TAGALOG

**PAGLILINGKOD NG PAGSASALITA NG DALAWANG WIKA O PAGSASALIN SA PAMAMAGITAN NG SENYAS**

Upang maunawaan ninyo ang aming sinasabi, magbibigay kami ng taong marunong magsalita ng dalawang wika o magsasalin sa pamamagitan ng senyas ng walang bayad. Nais niyo bang magkaroon ng tagasalin? Tapusin ang pormas na ito at ibalik sa direksiyon na nakalista sa itaas ng unang pahina.

\_\_\_ Oo, kailangan ko ng tagasalin na marunong magsalita ng \_\_\_\_\_  
\_\_\_ Hindi, magkakaroon ako ng sarili kong tagasalin o kamag-anak na magsasalin para sa akin. Naiintindihan ko na ang aking tagasalin ay dapat marunong upang mauunawaan ko ang sinasabi mo sa akin. Ang aking wika ay \_\_\_\_\_

Ang pangalan ko ay \_\_\_\_\_  
Apelyido Pangalan

Tirahan: \_\_\_\_\_  
Kalye Bilang ng Tirahan

\_\_\_\_\_  
Lungsod Zip Code

Telepono: \_\_\_\_\_ Bilang ng Sosyal Sekyuriti: \_\_\_\_\_

ILOCANO

**SERBISYO TI DUA NGA PAGSASAO WENNO PANANGIPAWAAT BABAEN TI SENYAS**

Tapno maawatam ti sawsaw-en mi, ikkan dakayo ti tao nga makaammo ti dua nga pagsasao wenno mangipaawat babaen ti senyas nga awan ti bayad na. Kayat yo kadi nga maikkan kayo ti mangipaawat kadayo?

Palpasen daytoy nga pormas ken isubli iti direksiyon nga nakalista iti ngato ti umuna nga pahina.

\_\_\_ Wen, masapul ko ti mangipaawat kaniak nga makasao ti \_\_\_\_\_

\_\_\_ Saan, mangbiroak ti bukbukod ko nga mangipaawat kaniak wenno miyembro ti kaamaak nga mangipaawat kaniak. Ammok nga ti tao nga mangipaawat kaniak ket masapul nga nalaing tapno maawatak ti ibagbagam kaniak. Ti pagsasaok ket \_\_\_\_\_

Ti nagan ko ket \_\_\_\_\_  
Apelyido Nagan

Pagnaedan: \_\_\_\_\_  
Kalye Bilang ti Pagnaedan

\_\_\_\_\_  
Siudad Zip Code

Telepono: \_\_\_\_\_ Numero ti Sosyal Sekyuriti: \_\_\_\_\_

VIETNAMESE

**SỰ PHỤC VỤ THÔNG DỊCH VIÊN SONG NGỮ VÀ NGÔN NGỮ ƯỚC HIỆU**

Chúng Tôi có thể cung cấp một thông dịch viên song ngữ hay là ngôn ngữ ước hiệu cho các bạn miễn phí, nên các bạn hiểu chúng tôi đang nói gì. Các bạn có muốn chúng tôi cung cấp một thông dịch viên không?

Hãy điền vào đơn này và gửi lại theo địa chỉ đang trên đầu trang thứ nhất.

Vâng, tôi sẽ cần một thông dịch viên mà có thể nói được tiếng \_\_\_\_\_

Không, tôi sẽ tự cung cấp một thông dịch viên cho tôi hoặc nhờ một người trong gia đình hay là một người bạn thông ngôn cho tôi. Tôi hiểu rằng thông dịch viên của tôi cần phải có đầy đủ khả năng để cho tôi hiểu các ông/bà đang nói gì với tôi.

Tôi nói tiếng \_\_\_\_\_

Tôi tên là \_\_\_\_\_  
Họ Tên

Địa chỉ: \_\_\_\_\_  
Đường Số phòng (apt. #)

\_\_\_\_\_  
Thành phố Số bưu chính (zip code)

Số điện thoại: \_\_\_\_\_ Số an ninh xã hội: \_\_\_\_\_



SPANISH

SERVICIOS DE INTERPRETATION BILINGUE E CONVERSACION POR SENAS

Nosotros podemos proporcionar un interprete de idioma o de senas, sin ningun cargo a usted, para que usted sepa lo que nosotros estamos diciendo. Quiere usted que nosotros proporcionemos a un interprete?

Complete este formulario y devuelva a la direccion listada a la cima de la primera pagina.

\_\_\_ Si, yo necesitare a un interprete bilingue de \_\_\_\_\_

\_\_\_ No, yo proporcionare a mi propio interprete o tendre un miembro familiar o amigo interpretando para mi. Yo entiendo que mi interprete debe ser bastante bueno, para que yo sepa lo que usted esta diciendome. Yo hablo/comprendo \_\_\_\_\_ language

Nombre \_\_\_\_\_

Apellido

nombre de pila

Direccion \_\_\_\_\_

Calle

numero

Ciudad

codigo postal

Telefono \_\_\_\_\_

Numero de Seguridad Social \_\_\_\_\_

MARSHALLESE

Kajin ko jet im jemaron in komeleleik doon kaki

Kom maron in jiban eok kon juon eo im emaron Ukok jabdewot kajin bwe kwon maron melele ta ko komij konono kaki. Kokonan ke bwe komin bukot juon rukot ainikiem ak ainikiom?

( ) Aet, inaj aikuj juon ri \_\_\_\_\_ bwe en maron iton ukok tok nan eo.

( ) Jaab, inaj make kabbukot juon ao rukok, ak ne ejjab eokwe juon nuku ak jera eo im elab an tijemlok ilo ukok bwe in maron melele kon aolep men ko komnej ba tok nan eo.

Na ij konono im melele kajin \_\_\_\_\_.

Eta in \_\_\_\_\_ Last Name eo ao ej \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Social Security number: \_\_\_\_\_

TRUKESE

MI WOR ACH ANINIS NON PEKIN AWEWE ME NON PEKIN POM

Kich mei tongeni awora chon epwe awewe me chon pom nge kosap moni, pun sia mochen om kopwe weweiti met sia tongeni arenuk. En mei mochen epwe wor chon awewe ngonuk?

Kopwe amasawa ei toropwe, iwe ka tongeni tini ngeni ei neni mei nom asan ei paich.

// cheki U, ngang upwe nounou \_\_\_\_\_ chon awewe.

// Ap, upwe pusin awora nei chon awewe are upwe pusin areni chon non ai family ika upwe areni emon chiechiei. Ngang mei weweiti pwe io epwe chon awewe ngeni ei epwe fokun sinei meinisin met ami aua areni ei. Ngang ua kapas/ wewe non \_\_\_\_\_.

Itom \_\_\_\_\_

Ome nas name

Itom

Neniom \_\_\_\_\_

Phone \_\_\_\_\_ nampan noum sosen sikuriti \_\_\_\_\_

# **YOUR RIGHTS**

## **ADMINISTRATIVE HEARING CONFIDENTIALITY NON-DISCRIMINATION**

**State of Hawaii  
Department of Human Services**

# **YOU HAVE A RIGHT TO APPLY FOR AN ADMINISTRATIVE HEARING**

## **WHAT IS AN ADMINISTRATIVE HEARING?**

An administrative hearing is an impartial review of the Department's action to deny your application for assistance or to reduce or stop benefits you are receiving; or the Department's failure to make a decision or inform you of the decision within a specified period of time. A hearing officer who was not involved in your worker's decision will review all the facts of your case and will decide if you have been treated fairly. If the hearing officer finds that you were not treated fairly, the Department will correct the action.

The Department must send you a written notice whenever your application for assistance is denied or your financial, childcare, food stamp, medical care, or social service assistance is reduced, suspended, withheld, or stopped.

If you do not agree with the action taken by the Department, you may call your worker, or ask for an informal meeting with the worker's supervisor, or you can request an administrative hearing. Your request for an administrative hearing must be received within 90 days from the date the notice was sent to you otherwise it will be too late for an administrative hearing.

When the Department receives your request for an administrative hearing, the Department must make and implement the administrative hearing decision within 60 days for the Food Stamp program and 90 days for the Public Assistance programs.

When the help you are receiving is stopped or reduced, the notice sent to you will explain the time period in which you must file for an administrative hearing in order for aid to continue until the administrative hearing decision is reached.

## **WHEN TO FILE?**

When you applied for assistance and you were informed that you are not eligible but you disagree.

When the Department has taken more time than the following to process your application: 30 days if you are a food stamp or social service applicant; 45 days if you are applying for medical or financial assistance; 60 days if you are disabled and are applying for medical assistance.

When you are receiving help and you are told that your financial, medical, food stamp and/or social service assistance is being reduced or stopped, and you don't agree with the reasons the Department gave in reducing or stopping your help.

## HOW TO ASK FOR AN ADMINISTRATIVE HEARING

You must request an administrative hearing in writing (oral request acceptable for food stamps) on the Department form or any other paper. The request must be received by the Department, your worker, unit office within 90 days of the date of the notice.

## IS A LAWYER REQUIRED?

A lawyer is not required. You can bring a friend, relative, minister, or some other person to represent you. If you don't have anyone to represent you but you want help, the worker can give you information about a Legal Aid Office or a community agency which will provide advice or representation at no cost to you.

If you decided not to have anyone help you, it is a good idea to write down why you don't agree with the Department's action. In this way you will not forget what you want to say and it will help you to tell your story as clearly as you can.

You are required to appear in person at the administrative hearing unless you informed the Department, in writing, that you will be represented by an authorized representative.

## WHAT ARE YOUR RIGHTS AT THE HEARING?

You can examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing as well as during the hearing.

You can present the case yourself or with the help of other persons.

You can bring witnesses, including an interpreter. If you need an interpreter and don't have one, ask your worker to help you get one.

You and the Department must agree on the people who will be allowed to observe the hearing.

You can tell why you think the Department was wrong.

You can question the worker or the other witnesses of the Department.

## NON-DISCRIMINATION

No one shall be excluded from or be denied eligibility for a Federally aided assistance program only because of his race, color, age, sex, physical or mental handicap, religious creed, national origin, or political benefits.

If you believe that you been discriminated against for any of the above reasons, you have a right to file a complaint with the Department of Human Services, Civil Rights Compliance Office,

P.O. Box 330, Honolulu, Hawaii 96809. If you wish, your appeal may be taken beyond the Department up to the Federal Government. The address of the Federal Office is, Department of Health and Human Services, Region IX Office of Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, California 94102. For Food Stamps, you may appeal to the Secretary of Agriculture, Washington, D.C. 20250.

## CONFIDENTIALITY

State and Federal laws require that the Department cannot release any information about you to anyone without your written permission unless such release is directly related to the administration of the assistance programs, including financial assistance, child support, medical assistance, food stamp benefits, and social services programs, or is needed in specific protective service situation.

## REQUEST FOR ADMINISTRATIVE HEARING

Print your name and mailing address: \_\_\_\_\_

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A. I would like a Administrative Hearing because I do not agree with the action taken by (check one of the following):

- the Child Welfare Services (CWS) Branch.  
 the Adult Community Care Services (ACCS) Branch.

B. I do not agree with (check one of the following):

- The decision on the CWS investigation.  
 The decision on the Adult Protective Services investigation.  
 My application for services/payments was denied.  
 My current services/payments were reduced or stopped.  
 Other.

Briefly explain item B checked above: \_\_\_\_\_

---

If your Administrative Hearing request is filed by established deadlines and you were receiving services/payments, your services/payments will not be terminated or reduced until the Administrative Hearing decision is made. If the Administrative Hearing decision is not in your favor, you will need to repay the amount you received in payments. If you want your payments to stop while you wait for your Administrative Hearing decision, place a check mark here [  ].

You have the right to identify someone to be your Authorized Representative to represent you in the Administrative Hearing. If this is what you want, complete the sentence below.

I want \_\_\_\_\_ as my Authorized Representative to represent  
*print the individual's name and mailing address*

and act for me in the Administrative Hearing.

**You must sign this form to complete your request for an Administrative Hearing.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Please fill out application completely.  
Do not leave any blanks. Where you  
need to, write in "0."

In the Family Court  
State of Hawaii

In the interest of: \_\_\_\_\_

)  
)  
) FC-S No. \_\_\_\_\_  
)  
) INCOME STATEMENT  
)  
)  
)

INCOME STATEMENT  
OF  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Length of service: \_\_\_\_\_ months/years

Number of dependents \_\_\_\_\_

INCOME

Gross monthly income: \$ \_\_\_\_\_

Other regular monthly income (rental income, 2nd job, interest, child support, welfare, food stamps, spouse's income, and any other source).....\$ \_\_\_\_\_

If employed, attach a copy of your pay stub. Attach any other verification of income.

If receiving welfare, attach a copy of your Welfare Benefit History Statement which can be obtained from your income maintenance worker.





5. **VEHICLES:** (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

<u>Year</u>	<u>Make</u>	<u>Title (H. W. J)</u>	<u>Current Market Value</u>	<u>Debt Owed Against</u>

6. **REAL PROPERTY:**

<u>Location</u>	<u>Title (H. W. J)</u>	<u>Current Gross Value</u>	<u>Total Debt Owed</u>

7. **ALL OTHER MAJOR ASSETS:** (Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetery Plots or Niches, Tax Refunds Due, etc.)

<u>General Description</u>	<u>Title (H. W. J)</u>	<u>Estimated Gross Value</u>	<u>Debt Owed Against</u>

8. **OUTSTANDING MEDICAL DEBTS:** (Include those listed above)

<u>Creditor</u>	<u>Debtor (H.W. J or Other)</u>	<u>Total Balance Owed</u>	<u>Minimum Monthly Payment</u>

**CERTIFICATION**

I hereby declare under the penalty of perjury that I supplied the information used in the foregoing Income Statement and Asset and Debt Statement, that I have reviewed the foregoing Income Statement and Asset and Debt Statement and I certify that the information is accurate, complete and correct.

Dated at Honolulu, Hawaii; \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone Number