



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

July 1, 2011

To: Complex Area Superintendents, Elementary School Principals and  
Charter School Directors

From:  Kathryn S. Matayoshi, Superintendent

Subject: After-School Plus (A+) Program Fee Increase Effective July 1, 2011

On June 21, 2011, at the General Business Meeting, the Board of Education approved the elimination of the sliding scale discount for the A+ Program. Effective July 1, 2011, the A+ Program fee will increase to \$85 per month for each child.

The Department of Human Services (DHS) will continue to subsidize clients who are on the DHS Certification List. Students on free and/or reduced-price lunch status will continue to receive subsidy for the A+ Program. A parent letter is attached for schools and providers.

Should you have any questions, please contact your A+ Program District Coordinator or Ms. Janice Chong, Educational Specialist for the Extended Learning Opportunities and Student Support Section, at (808) 203-5510 or via Lotus Notes.

KSM:JC:cka

Attachment

c: Assistant Superintendents  
Superintendent's Office Directors  
Charter School Administrative Office  
A+ Program District Coordinators  
Office of Curriculum, Instruction and Student Support



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

July 1, 2011

Dear A+ Program Parents:

Effective July 1, 2011, the new base fee for the After-School Plus (A+) Program will increase from \$80 to \$85 per month for each child. There will be no sliding scale discount.

The A+ Program fee increase was a necessary response to increasing program costs and the elimination of the A+ Program general fund subsidy by the Legislature in the school year 2010-11. The new fee reflects our desire to apply the increase fairly to all participants while maintaining efficient, self-sustaining, and a quality after-school care program.

We realize that the fee increase might be a hardship for some of our parents, and regret that the Department of Education can no longer afford to subsidize a portion of the program cost for all participants. With this new fee schedule, we have sought to keep the program as affordable and fair as possible, while meeting the needs of Hawaii's children and working parents.

Students on free and/or reduced-price lunch status will continue to receive subsidy for the A+ Program. Please check with your school office regarding eligibility and applications.

Thank you for your understanding and continued participation in the A+ Program. For more information, please contact Ms. Janice Chong, Educational Specialist for the Extended Learning Opportunities and Student Support Section, at (808) 203-5510 or via e-mail at [janice\\_chong@notes.k12.hi.us](mailto:janice_chong@notes.k12.hi.us).

Very truly yours,

A handwritten signature in black ink, appearing to read "Kathryn S. Matayoshi".

Kathryn S. Matayoshi  
Superintendent

KSM:cka

c: Office of Curriculum, Instruction and Student Support

# The After-School Plus (A+) Program Registration Form

**The After-School Plus (A+) Program**, the first program of its kind in the nation, provides statewide after-school services for public elementary students at affordable rates. The program addresses the "latchkey" child problem by providing a high quality after-school program to children of working parents or children whose parents are engaged in job training or attending school. If your child qualifies and you want to enroll him/her, please complete both sides of this registration form and return it to your child's school. (For new enrollees who are incoming kindergartners, this form should be returned with the kindergarten registration forms.)

**Fee: Due Monthly**

The monthly fee covers regular program activities. The fee will be adjusted for those who qualify **if they submit acceptable supporting documentation about their income** or if they are on the Department of Human Services (DHS) direct certification list sent to each school.

**Hours: After school - 5:30 p.m.**

The program hours are from after school to 5:30 p.m. on regular school days. The program will not operate during school vacations, state holidays, weekends, Teachers Institute Day, Teachers' work day and school half-days.

**Staff: A trained staff for every 20 children**

The staff will consist of a site coordinator at each school and a team of group leaders supported by aides maintaining a 1:20 staff to student ratio. Staff recruitment may limit the number of students to be served

at each school.

**Activities: A variety of scheduled activities**

Children usually begin the afternoon with free play time and a snack period (children bring their own snacks from home). This period is followed by other activities including homework assistance, enrichment and physical fitness. Site coordinators will have the flexibility to adapt scheduled activities to meet the conditions at your child's school.

**Eligibility: All public elementary school latchkey children (K-6)**

Your child is considered latchkey if he/she is living with you and **during the hours of A+ operations** you are employed, attending school, engaged in a job training program, or working as an employee of the A+ program. Parents who are "self-employed" must verify their status by: a) Submitting a copy of their general excise tax license; and b) submitting a copy of one of the following: 1) income tax return for the past year- Schedule C; 2) printed business checking account; or 3) printed business card.

**Starting Date: Child's first full day of school**

Starting date for your child is usually the first full day of school. However, the starting date of the A+ program at your child's elementary school may depend on the after-school enrollment of at least 20 children and the ability to recruit necessary staff.

Your Name (please type or print)		Spouse's Name (please type or print)			
Marital status (circle one):    Single                      Married		Divorced                      Separated                      Widowed			
Please check the appropriate space. I am:                      ___ working ___ job training                      ___ attending school		My spouse is:                      ___ working                      ___ job training ___ attending school			
Your normal work/school schedule: Mon.    ___ am/pm to                      ___ am/pm Tues.    ___ am/pm to                      ___ am/pm Wed.    ___ am/pm to                      ___ am/pm Thurs. ___ am/pm to                      ___ am/pm Fri.    ___ am/pm to                      ___ am/pm		Your spouse's work/school schedule: Mon.    ___ am/pm to                      ___ am/pm Tues.    ___ am/pm to                      ___ am/pm Wed.    ___ am/pm to                      ___ am/pm Thurs. ___ am/pm to                      ___ am/pm Fri.    ___ am/pm to                      ___ am/pm			
<input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary.		<input type="checkbox"/> Check this box if you work rotating shifts or your work hours vary.			
_____ I would like to apply for reduced monthly tuition. I give my permission to the Department of Education and its contracted private providers to use information in DOE files or files from other state agencies to verify my child's eligibility for reduced monthly A+ fees.					
_____ I have attached the <b>required</b> supporting documentation. <b>(Check with A+ Site Coordinator for list of appropriate documents. Not necessary for DHS clients who are on DHS certification list sent to each school.)</b>					
I certify that I am eligible for the A+ program because I am working, job training, and/or attending school. I further certify that the information I have provided on both sides of this application form is correct and I hereby authorize the Department of Education to contact the appropriate parties to verify this information. <b>I understand that any changes on this registration form must be given to the A+ site coordinator in writing by the parent or guardian. Registration in the A+ Program is pending completion of this application and approval of the site coordinator.</b>					
Your Signature		Date	Spouse's Signature		Date

# After-School Plus (A+) Program Registration Form

For official use only.  
 \_\_\_\_\_  
 Checked eligibility status.  
 \_\_\_\_\_  
 Signature of Site Coordinator    Date

## STUDENT INFORMATION

1st Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Other educational/health information about student: \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Other educational/health information about student: \_\_\_\_\_

3rd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Other educational/health information about student: \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_ Circle Days Attending    M Tu W Th F

Language spoken at home: \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

## FAMILY INFORMATION

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Mailing Address \_\_\_\_\_

Street

City

Zip Code

Mother's Employer/School \_\_\_\_\_ Work/School Phone \_\_\_\_\_

Mother's Employer/School Address \_\_\_\_\_

Street

City

Zip Code

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Mailing Address \_\_\_\_\_

Street

City

Zip Code

Father's Employer/School \_\_\_\_\_ Work/School Phone \_\_\_\_\_

Father's Employer/School Address \_\_\_\_\_

Street

City

Zip Code

**List below persons authorized to take your child from the facility and their phone numbers. (The child will not be allowed to leave with any other person.)**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Any changes in departure authorization must be received in writing from the parent or guardian.**

SCHOOL \_\_\_\_\_

Site use only:

\_\_\_\_ Free

\_\_\_\_ Reduced

### Application for Reduced Monthly Fee (A+ Program)

*Note: If you are currently receiving food stamps or financial assistance from the Department of Human Services (DHS), you do NOT have to complete this form. Your name should be on the direct certification list that will be sent to the schools by DHS in August.*

**1. Child(ren)'s Name(s) in A+ Program:**

_____	_____	_____	_____
Last	First	Last	First
_____	_____	_____	_____
Last	First	Last	First

**2. MONTHLY INCOME OF PARENT(S)/GUARDIAN(S) LIVING IN HOUSEHOLD**

*To figure/convert to monthly income: Weekly income x 4.33    Income every 2 weeks x 2.15  
Twice a month income x 2*

List the names of all children and parents/legal guardians living in your household. Include yourself and the children listed above.	Gross MONTHLY Earnings (Before deductions)	MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any OTHER MONTHLY Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL number of household members: \_\_\_\_\_  
Zero income. You must explain how your living expenses are being met \_\_\_\_\_

**3.** The information on this form and the attached documentation may be used to assist the determination of eligibility for the After-School Plus (A+) Program's reduced monthly fee. A+ Program staff may verify all the information on this form and the attached documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. I also certify that all of the above information is true and correct and all income is reported. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in a loss or reduction of benefits, legal claims, and dismissal of my child(ren) from the After-School Plus (A+) Program.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Legal Guardian's Printed Name: \_\_\_\_\_ Work Phone \_\_\_\_\_

**4.** \_\_\_\_\_ I have attached a copy of **one** of the documentation for **every type of income we receive** to show that I qualify for a reduced fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

*Attach the supporting documentation to this **Application for Reduced Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program site coordinator.*

## LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

As stated on the application form, you **must** submit supporting documentation. This is a list of the kinds of documentation that will be acceptable.

For each "Type of Income" you receive, send **one** of the following documents from "Suggested Sources of Acceptable Written Evidence":

Type of Income	Suggested Sources of Acceptable Written Evidence
Earnings/Wages/Salary	<ol style="list-style-type: none"> <li>1. For each type of income received, send one of the following: <ul style="list-style-type: none"> <li>• Current pay check stub (for one month)</li> <li>• Current pay envelope (for one month)</li> <li>• Letter from employer stating gross wages paid and how often they are paid; or</li> </ul> </li> <li>2. If self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year's tax return; or</li> <li>3. Last year's tax return (gross income) with copy of W-2.</li> </ol>
Cash Income	A letter from the employer stating wages paid and frequency.
Social Security/ Pension/ Retirement	<ol style="list-style-type: none"> <li>1. Social Security retirement benefit letter; or</li> <li>2. Statement of benefits received; or</li> <li>3. Pension award notice.</li> </ol>
Unemployment Compensation/Disability or Worker's Compensation	<ol style="list-style-type: none"> <li>1. Notice of eligibility from State Employment Security Office; or</li> <li>2. Check stub.</li> </ol>
Welfare Payments	Benefit letter from welfare agency.
Child Support/Alimony	Copies of checks or other proof of payment received, court decree or agreement.
All other income	If you have other forms of income, provide information or documents which show the amount of income received, how often it is received, and the date received.
No Income	If you have no income, provide a brief note explaining how you provide food, clothing and housing for your household and when you expect an income.