Name of individual	Ronela Pascual	
Date of interview	2-18-04	
Chronological age	<u>2-1-20</u>	

Subdomain	Raw	Standard	Band of Error	National	Stanine	Adaptive	Age
	Score	Score	95% confident	percentile		Level	Equiv
Receptive	30					Adq	2-2
Expressive	23					Mod low	1-0
Written	0					********	
Communication	53	76	5	5	2	Mod	1-4
Domain sum						Low	
Personal	44					Adq	1-7
Domestic	5					Adq	1-11
Community	7					Adq	1-10
Daily Living	56	86	5	18	3	Adq	1-8
Skills sum							
Interpersonal	35					Mod low	1-1
Relationships							<u> </u>
Play and Leisure	19					Low	1-2
Time					<u> </u>		<u> </u>
Coping skills	2					Mod low	1-0
Socialization	56	77	7	6	2	Mod	1-2
Domain sum						Low	
Gross Motor	44					Mod	1-6
						Low	<u> </u>
Fine Motor	33					Adq	2-3
Motor Skills	76	87	8	19	3	Adq	1-8
Domain Sum							1
Sum of domain		326	1				
Standard scores							
Adaptive behavior		76	4	5	2	Mod	1-6
composite						Low	

APR 2 2004

	DHS COMPUTATION	N OF DOC (Part III)
	mputation of DOC:	Effective Date of Payment: 2///o
1.	Total Units per Week: (Transfer totals from Medical / Physical Care	page 2) Review Date: \$ / , / p or
	O Therapeutic /Emotional Care	21
	Academic / Educational Care	<u> </u>
	o Auxiliary Activities	
	Total	(a)
2.	Total Units Per Month	(-)
	θ Multiply total units /wk (a) x 4 1/3	114.97 (b) (Not to exceed 120 units)
3.	Total Difficulty of Care Payment	
	θ Multiply total unit/mo. (b) x \$4.75 = $\frac{\pi}{2}$	5.55. (Not to exceed \$570)
	AGREEMEI	NT (Part IV)

Caregiver Date Caregiver Date

3/25/04
Social Worker Date Approved by Supervisor Date

What to if you do not agree with this decision. You have a right to a meeting with a representative of the Department's Child Welfare Services (CWS) unit to discuss the decision. At the meeting, you may speak for yourself or be represented by an attorney, friend, or other person. You also have the right to ask for a fair hearing. Your request for a fair hearing must be in writing, it must state that you want a hearing and why you are dissatisfied, and the Department must receive your written request for a fair hearing within 90 days from the date you disagreed with the decision. Send your request for a fair hearing to the address at the top of this form. If you have questions, contact us at the telephone number at the top of this form.

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DEPARTMENT OF HUMA	A SERVICES
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ROSS STORES, INC.

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Date ()	3/03/04	
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DELIVERY ADDRESS

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BILLING ADDRESS

Central Child Welfare Unit 2 Kakuhihewa Building 601 Kamokila Blvd., Room 135

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ORGANIZATION	FUNCTION AND ACTIVITY	

FUNCTION AND ACTIVITY

	ROSS STORES, INC.
	VOUCHER PAYMENTS
-	8333 Central Avenue

NOTICE TO VENDORS

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment. Kapolei, HI 96707 QUAN. DESCRIPTION UNIT PRICE AMOUNT Clothing and shoes allowance for Ronela Pascual, DOB: 12/28/01. 100.00 ---- Not to exceed the amount ----Case Name: Pascual, Dela A. #66615 Case Worker: Purchaser: Foster Mother

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FUNCTION AND ACTIVITY

NOTICE TO VENDORS

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

THEBUS, Oahu Transit Services, Inc. 811 Middle Street Honolulu, HI 96819

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We end

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Date 10/01/02	
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DELIVERY ADDRESS

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Central Child Welfare Unit 2 Kakuhihewa Building 601 Kamokila Blvd., Room 135 Kapolei, HI 96707

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CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII HONOLULU



DEPARTMENT OF HEALTH HAWAII U.S.A.

CERTIFICATE NO.

CHILD'S NAME RONELA BALUBAR PASCUAL

DATE OF BIRTH
December 28, 2001

CITY, TOWN OR LOCATION OF BIRTH

WAHIAWA

MOTHER'S MAIDEN NAME DELA ANDRES BALUBAR

MOTHER'S RACE FILIPINO

FATHER'S NAME RONNEL CEREDON PASCUAL

FATHER'S RACE FILIPINO

OHSM 1.1 (Rev.11/01) LASER

DATE RECEIVED BY LOCAL REGISTRAR January 15, 2002

HOUR OF BIRTH 10:58 AM

ISLAND OF BIRTH OAHU

SEX FEMALE

COUNTY OF BIRTH HONOLULU

FOR OFFICIAL GOVERNMENT USE ONLY.

AUG 3 0 2002

War Toron Ph.D

This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE