

Name of individual Ronela PascualDate of interview 2-18-04Chronological age 2-1-20

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

Name of Child:

Ronero Pascual

Date of Birth:

12/28/01

DHS COMPUTATION OF DOC (Part III)

DHS Computation of DOC:

Effective Date of Payment:

2/1/04

1. Total Units per Week: (Transfer totals from page 2)

o Medical / Physical Care

o Therapeutic /Emotional Care

o Academic / Educational Care

o Auxiliary Activities

Total

Review Date:

8/1/0427

(a)

2. Total Units Per Month

o Multiply total units /wk (a) x 4 1/3

3. Total Difficulty of Care Payment

o Multiply total unit/mo. (b) x \$4.75 =

114.97 (b) (Not to exceed 120 units)555. (Not to exceed \$570)

AGREEMENT (Part IV)

This agreement has been discussed with and agreed to by me. I will inform the appropriate parties of any changes. If I fail to report changes and receive payments to which I am not entitled, the amount of overpayment will be collected from me and I may be prosecuted for fraud.

Caregiver

Date

Caregiver

Date

Social Worker

Date

Approved by Supervisor

Date

3/25/043/25/04

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.

ASE
NO.

42105835

04

CCWSS

FUNCTION AND ACTIVITY

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.

Newark, CA 94560

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

AUTHORIZED SIGNATURE

VENDORSTATE ACCOUNTING FORM C-03
JULY 1, 1983 (REVISED)

CASE NO.

42101434

04

CCWSS

ORGANIZATION

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.

ROSS STORES, INC.

VOUCHER PAYMENTS

8333 Central Avenue

Newark, CA 94560

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.

Date 09/29/03

Deliver Before

DELIVERY ADDRESS**BILLING ADDRESS**

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

692-7800

REQUISITIONER

TELEPHONE

**VOUCHER
NUMBER**

AUTHENTICATED BY:

24 1 3 2 1

7

, Supervisor (T

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY

DATE _____

AUTHORIZED SIGNATURE

REQUISITION NO.

FOR DEPARTMENT USE ONLY

VENDOR

NUMBER

SFX

XXXXXXXXXXXXXXXXXXXX

XX

[illegible]

STATE OF HAWAII
REQUISITION & PURCHASE ORDER
DEPARTMENT OF HUMAN SERVICES

SOCIAL SERVICES DIVISION

CCWSS

ORGANIZATION

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 encourage the participation of women and minorities in all phases of employment.

CASE NO. **42101144** 03

Date 10/01/02

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

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

QUAN.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		<p>One adult "Bus Pass" for Dela A. Pascual, for the month of October 2002. Transportation to attend services and other related activities.</p> <p>Case Name: Pascual, Dela A. #66615</p> <p>Case Worker:</p> <p>Purchaser: _____</p>		27.00

692-7800

REQUISITIONER

TELEPHONE

VOUCHER
NUMBER

AUTHENTICATED BY:

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY

DATE

Delia A. Hui
AUTHORIZED SIGNATURE

REQUISITION NO.		FOR DEPARTMENT USE ONLY	
VENDOR NUMBER XXXXXXXXXXXX		SFX XX	
00			

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST		ACTUAL COST		M	R	OPT DEPT DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXXXX	XX	XX	XXXXXXXXXXXX	XX	XXXXXXXXXXXX	XX	X	X	XXXXXXXXXXXX

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

HOUR OF BIRTH
10:58 AM

SEX
FEMALE

CITY, TOWN OR LOCATION OF BIRTH
WAHIAWA

ISLAND OF BIRTH
OAHU

COUNTY OF BIRTH
HONOLULU

MOTHER'S MAIDEN NAME
DELA ANDRES BALUBAR

**FOR OFFICIAL GOVERNMENT USE ONLY.
DO NOT RELEASE TO REGISTRANT.**

MOTHER'S RACE
FILIPINO

FATHER'S NAME
RONNEL CEREDON PASCUAL

FATHER'S RACE
FILIPINO

DATE RECEIVED BY LOCAL REGISTRAR
January 15, 2002

AUG 30 2002

Wm T. Onaka, Ph.D.

OHSM 1.1 (Rev.11/01) LASER

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