# MULTIDISCIPLINARY TEAM CONFERENCE REPORT

## THIS REPORT IS CONFIDENTIAL.

CHILDREN:

BIRTHDATES:

WHEREABOUTS

Kema, Jr., Peter

05/01/91

Unknown



CASE NAME:

Kema, Jaylin

**FAMILY MEMBERS:** 

Mother: Kema, Jaylin Father: Kema, Sr., Peter

CONF DATE:

04/15/98, 2:00-4:00P - DHS Conference Room

Hilo Intake and Investigations

CASE WORKER: 9 **PARTICIPANTS:** 

- CPS Investigations

- DHS supervisor

. TA CWSSA

B. Wilson M.D. - Pediatric Consultant

W. Jaeckle, Ph.D. - Psychologist Consultant K. Rusnak, M.S., R.N.- Nursing Consultant B. Grimmel, ACSW - Social Work Consultant

N. Higa, B.A. - Team Coordinator

#### **GUESTS:**

Edith Kawai, GAL Christopher Barthel, Ph.D. - previous therapist for parents

# THIS REPORT IS CONSULTATIVE IN NATURE AND CASE MANAGEMENT DECISIONS ARE LEFT UP TO THE DEPARTMENT OF HUMAN SERVICES

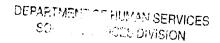
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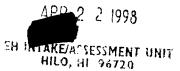
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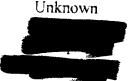
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#### **REASON FOR TEAM**

The purpose of this Team Conference was to assess the reason(s) for the parents' reluctance in providing information regarding the whereabouts of their son, Peter Jr.; and to determine if the factor are safe in their parents' care.

### **CASE BACKGROUND**

Please see DHS case records for complete case background.

#### **IDENTIFYING INFORMATION**

| Complaint/Report Date | Type of Maltreatment | Children  | Confirmed |
|-----------------------|----------------------|-----------|-----------|
| May 8, 1991           | Physical Abuse       |           | Yes       |
| August 12,1991        | Physical Abuse       | Peter Jr. | Yes       |
| April 4, 1997         | Physical Abuse       | Peter Jr. | No        |
| June 18, 1997         | Physical Abuse       | Peter Jr. | No        |

Past Teams: Family Type:

No

Married

Jurisdiction: Family Supervision

Medical Care Provider: Pahoa Family Health Center

#### DHS INVOLVEMENT

| DHS has been involved with this family since May of 1991, when Kona to report bruises on the cheeks of  | called DHS in told that the bruises |
|---|-------------------------------------|
| were from Peter Kema, Sr. (mother's boyfriend), but they would not repeat t   | his to the CPS worker. The case     |
| was referred to DHS in Hilo, where the family resided, and the report was were taken into protective custody and placed with                            | V                                   |
| August of 1991 DHS received a report of physical abuse to Peter Ir The  | injuries included a fractured lab   |
| knee as well as old fractures. Although it was not determined who the per cared for by only his parents at that time. Peter Jr. was placed with his sib | petrator was, the child was being   |
|   | mgs at the nome of ms               |

The children were returned to their parents' custody in June of 1995. By that time Peter Kema, Sr. and mother (Jaylin Acol) were married and had

On April 4, 1997, DHS received a report from a relative, that Peter Jr. had a broken arm (from father). It was further reported that Peter Jr. had to sit on the floor at mealtime (unlike his siblings), wore long sleeve shirts all the time, and had been seen eating "puppy shit". No further information was provided by other relatives and this was not confirmed.

In June of 1997 the report was received by DHS and a home visit was made. The family had to be tracked down following a move and mother and were not home when the DHS social worker arrived at the

#### **CASE BACKGROUND (Continued)**

#### **DHS INVOLVEMENT (Continued)**

new home. An appointment was made and the family came to the DHS office (without Peter Jr.) in early July of 1997 following two canceled appointments. Family members stated that they had not seen Peter Jr. since December of 1996 and when asked about this, mother stated that Peter Jr. was with a paternal aunt and uncle until mid-August. An appointment was inadvertently set for August 15, 1997 for mother to bring Peter Jr. in, but as this was Admissions Day the DHS office was closed. The DHS social worker made a home visit in August of 1997 but found the windows tightly shut and no answer at the door, although there were two cars in the garage and the clothes dryer was running.

In October of 1997 the social worker interviewed that I seem at school but they both stated that Peter Jr. was in Kona with Aunt Nani (Lee Ann Kobayashi and husband Jay Kobayashi). said that had seen Peter Jr. as recently as September, and said shad last seen him in June of 1997.

In December 1997, mother's income maintenance worker left a message for the DHS social worker that mother had reported Peter Jr. as having moved out of the home on July 17, 1997, and moving to Oahu in October of 1997. In December 1997, the social worker that they did not know where Peter Jr. was, and it was suggested by the DHS social worker that they file a missing person report. On December 29, 1997 the social worker contacted a private school, suggested by the extended family, to see if Peter Jr. was registered there. This school, Punana Leo School, as well as the DOE had no records of Peter Jr. having been registered there.

On January 8 1998, the social worker (with a police officer) went to the family home but there was no answer and all the windows were shut. On January 9, 1998 the social worker and a police officer went to the home again. This time mother was home and came out to talk to them. Mother appeared to have gained quite a bit of weight. Mother expressed anger and dislike the but it wasn't until the social worker and police officer questioned her apparent indifference to her son's whereabouts that mother began to cry. Mother finally agreed to make a missing person report on behalf of her son.

On January 21, 1998 at the Hilo Police Station mother told the DHS social worker and Detective Nojiri that she had only found out the day before that her husband had given their son to a woman, Auntie Rose, on Oahu. During a separation between mother and father, Peter Sr. had taken the child to Oahu with him and signed a paper giving the child to this Auntie Rose. Mother does not know Auntie Rose and states that father told her Peter Jr. was with relatives and would be placed into school in Kona in August of 1997. When Detective Nojiri approached Peter Sr. in the waiting area to speak with him, mother stated that father had chest pains and had to go to an emergency doctor's appointment.

On February 26, 1998 the social worker visited the family home. During the visit mother stated that they were waiting for a letter from Auntie Rose, whose name is Rose Makuakane. Ms. Makuakane is a Hawaiian woman known for her skills in Hawaiian crafts.

#### **CASE BACKGROUND (Continued)**

#### DHS INVOLVEMENT (Continued)

On March 9, 1998 father and mother came into the DHS office for an appointment for Peter Sr. to speak with the DHS worker following two appointments which mother had canceled for father. Father stated that before his mother died, a man named Moses Makuakane had lived with them for five years. When his mother died (when he was twelve), Moses had his "cousin" Rose Makuakane stay with them for two weeks. Father did not see Rose again until September 1997 when he was on Oahu with Peter Jr.. Father states that at that time he was sleeping on the grass in A'ala Park with other homeless people, and sharing a tent with eighteen other people. He says that this was not a place for Peterboy, and when he ran out of food stamps he gave Peter Jr. to Rose Makuakane with a letter stating his intentions to let her keep the child, as he could not take care of him and was giving up his parental rights. He said that Rose wanted to move to Florida where it would be cheaper to live and she could sell her hats on the beach to make a living. The police have not been able to find a person who exists with the name of Rose Makuakane.

#### **QUESTIONS TO BE ADDRESSED**

- 1. Is there anything about the parents that has been missed that might help to shed light on their actions?
- 2. What, if any, vested interest do the parents have in not disclosing the child's whereabouts?
- 3. Are there any family dynamics that may affect still in the home?
- 4. Is this home, and are these parents safe?

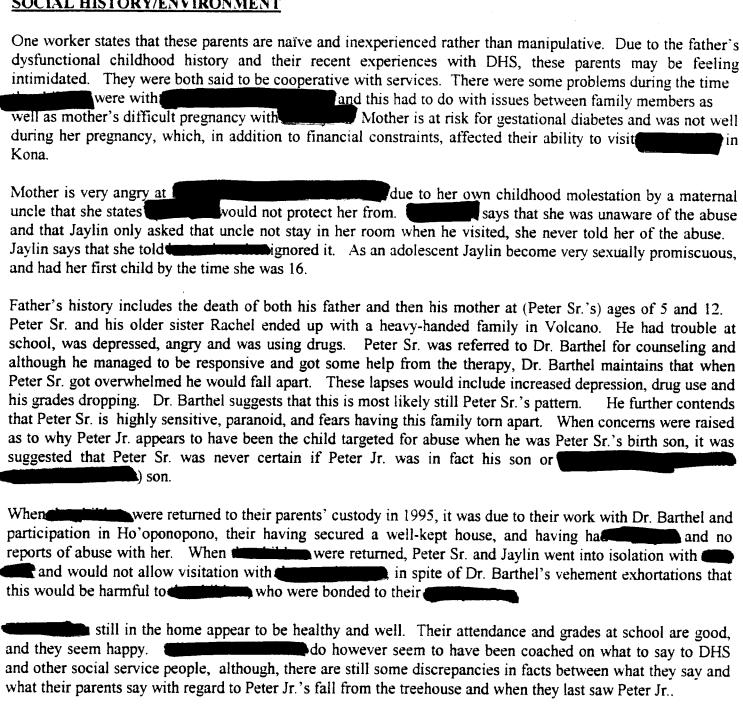
#### **CASE BACKGROUND (Continued)**

#### **SOCIAL HISTORY/ENVIRONMENT**

Mother and father have been together for approximately eight years, during which time they had stillborn twins at five months gestation, had a stillborn daughter, a son die at one day old and have had taken away. These parents have not been tested for drug use and mother denies any physical abuse in their relationship since the early part, and denies any abuse to the time to the control of the control of their child, and why they are unwilling to disclose any information that would be useful in finding Peter Jr.

#### **CASE BACKGROUND (Continued)**

#### SOCIAL HISTORY/ENVIRONMENT



# CASE ANALYSIS Children's Status, Functioning, Needs

#### Physical Status:

\*No medical records could be obtained for Peter Jr. at this time

#### 1. Prenatal, Postpartum, Infancy, Childhood History

Peter:

Multiple fractures at four months and possibly a fracture at five years - most likely result of abuse. Possibly other physical and emotional abuse.

#### 2. Well Baby/Child Status



Immunizations up to date.
Immunizations up to date.
Immunizations up to date.

#### 3. General Health



Overall good. Scabies - almost resolved.

Overall good. Scabies - almost resolved., slightly overweight.

Overall good. Overweight.

#### 4. Medical Conditions, if any



Bronchitis and upper respiratory infections.

#### 5. Visual/Auditory Status



Normal e: Normal Normal

#### 6. Other

Peter:

Has been missing for over a year.

#### **Developmental:**

#### 1. Normal/Abnormal Growth



Normal Short stature, overweight Short stature, overweight

As mother is of short stature also, this may be a genetic predisposition rather than a growth abnormality.

# CASE ANALYSIS Children's Status, Functioning, Needs

#### **Developmental** (Continued)

| Developmental (C                    | <u>.onunuea)</u>   |   |   |  |
|-------------------------------------|--|---|---|--|
| I I                                 | lopment/Abnormal Develormal (with available info<br>Normal (with available info<br>Normal (with available info | ormation)   |   |  |
| Psychosocial:                       |  |   |   |  |
| Not much is know school records and | n about the ps   | ychosocial functionin ith the DHS social wo   | g other than what has be<br>orker.  | een ascertained from   |
| 1. Description of                   | current Emotional status   | s. Stable vs. Unstable  | <u>.</u>  |  |
|                                     | seem to  | be happy  |   |  |
| 2. Adaptable to                     | changes vs. difficulty in tr   | ansitions   |   |  |
|                                     |  | appear to be fairly   | adaptable to changes.   |  |
| 3. Resiliency: Hi                   | gh vs Low  |   |   |  |
|                                     |  | appear to be res  | silient   |  |
| 4. Ability to emo                   | tionally connect to others   |   |   |  |
|                                     |  |   | ame mistrust of outsider  | 's as their parents'.  |
| Children's Function                 | onal Analysis:   |   |   |  |
| Name of Child                       | Level of Functioning/N   | <u>eeds</u>   |   |  |
| 2.                                  | ( ) Special Needs- Emotional ( ) Special Needs- Emotional ( ) Special Needs- Emotional                         | <ul><li>( ) Low Functioning</li><li>( ) Low Functioning</li><li>( ) Low Functioning</li></ul> | <ul><li>(X) Average Functioning</li><li>(X) Average Functioning</li><li>(X) Average Functioning</li></ul> | <ul><li>( ) High Functioning</li><li>( ) High Functioning</li><li>( ) High Functioning</li></ul> |

on this couple.

| CASE ANALYSIS   |  |  |  |
|---|--|--|--|
| <u>Caretaker's Status</u> . <u>Strengths</u> :  | . Functioning, Needs:  |  |  |
| Peter Kema, Sr.   | Jaylin Kema  |  |  |
| None known  | None known   |  |  |
| Weakness/Limitations:   |  |  |  |
| Peter Kema, Sr.   | Jaylin Kema  |  |  |
| Poor coping skills Inadequate parenting knowledge and skills Violent/aggressive behaviors Poor impulse control Difficulty forming adequate interpersonal relationships Highly defensive Unwilling or unable to accept responsibility for child maltreatment Limited attachment to children Negative perceptions of child (Peter) Emotional problems | Poor coping skills Inadequate parenting knowledge and skills Difficulty forming adequate interpersonal relationships Highly defensive Unwilling or unable to accept responsibility for child maltreatment Limited attachment to child (Peter) Inaccurate perceptions of child (Peter) Emotional problems |  |  |
| Caretakers Functional Analysis:   |  |  |  |
| Name of Caretaker Level of Fu   | unctioning/Needs   |  |  |
| 1. Peter Kema, Sr. (X) Dysfunctional () Lov<br>2. Jaylin Kema (X) Dysfunctional () Lov  | w Functioning ( ) Average ( ) High Functioning w Functioning ( ) Average ( ) High Functioning  |  |  |
| As a couple they are resistant, angry, and uncooperative other, and show little concern about locating Peter Jr Their secrecy makes it difficult to determine the extent of function of their stress level. This couple falls apart under Jaylin, and himself. As the CPS and police inverse on this couple.  | there is a disconcerting possibility that Peter Jr. is dead.   |  |  |

# SOCIAL ENVIRONMENT AND SOCIAL SUPPORT SYSTEM

Based on the analysis of this family's social environment and support system the following are the protective and risk factors in this case:

|              | Duntastina Fastana  |
|--------------|---|
|              | Protective Factors  |
| 1.<br>2.     | Adequate living environment: sufficient space, adequate hygiene. doing well in school.  |
|              | Risk Factors  |
|              | Caretakers lack extended family member able to assist in care described. Some extended family may be able to assist but parents will not allow contact.                               |
| 2.           | Caretakers have a history of inadequate or dysfunctional parent-child relationships   |
| ٤.           | Caretakers have dysfunctional, maladaptive and/or abusive couple relationship   |
| 4.           | Caretakers are unwilling to participate in services with community services providers and follow through with services is poor.   |
| 5.           | There are limited and poor social attachments including poor caretaker-child attachment.  |
| 0.           | Caretakers have been enmeshed in a maladaptive and abusive environment  |
|              | Six year old, who was physically abused at 4 months and possibly at five years, has been missing for over a year. There are serious questions as to whether the child is still alive. |
| 8.           | Serious concerns as to the safety of the remaining the home.  |
| 9.           | Father's explosiveness is a concern for all family members in the home.   |
|              |   |
| So           | cial System Analysis:   |
| Ov           | erall the current social environment and social support system is:  |
| ( <b>X</b> ) | Substandard/Dysfunctional () Minimally Functional () Low () Average Highly Supportive without additional social services () Highly Supportive only with additional social services    |

#### **TEAM ASSESSMENT**

A multidisciplinary Team Conference was held to assist the DHS-CWS social worker in decision-making regarding the parents' lack of concerns for, or disclosure about, their missing child; six year old Peter Kema, Jr., who has been missing for over a year. Other decisions concerned the safety of the remaining in the home, and the possible course of action regarding the parents and during the investigation. Based on the available information presented during the team conference that the are average functioning who require average care in all areas of functioning. The caretakers are assessed to be dysfunctional and have limited ability to care for the available information presented. The social support system contributes to the caretakers' dysfunction.

were the victims of violence and emotional abuse, as evidenced by the bruising on the at ages four and two, to Peter Jr.'s new and old fractures at age four months. Further, although the (spiral) fractures were caused by twisting of the limbs, both parents continually blame jumping on Peter Jr. as the cause of these injuries; this is quite an emotional burden for to carry. To provide explanations for later injuries to Peter Jr. (injuries to his arm), the same appear to have been coached on what to say, adding more emotional burdens for the same appear healthy and unharmed, it might be prudent to remember that their brother is missing and the parents seem to be the perpetrators of this. As Peter Jr. was the child who appeared to have most of the injuries, it would be very reasonable for to conclude that being out of favor with father and mother could indeed make you "go away".

Further information brought to the Team confirms the history of father's propensity towards violence when he is under pressure. Rather than conforming when under scrutiny, father falls apart and becomes extremely, and very rapidly volatile. It was further stated that it is unlikely that father's methods of coping have changed over time. Raising children seemed to be enough of a stressor for father to (allegedly) abuse With CPS interventions and investigations into Peter Jr.'s disappearance, the likelihood of father decompensating is very probable, and with father's history the probability of his abusing a family member is very high.

The Team members were not in a consensus regarding the removal of the from the home, although the three members who advocated this course of action were quite vehement in their recommendations. The fact that these parents have a missing child, are not producing this child, and have not since August 1997, when a broken arm was reported, is of extreme concern. Given the history of serious physical abuse and reported abuse, the disappearance of Peter Jr. is very disturbing, indeed. There are also serious concerns in terms of the safety of the based on the information provided to the Team with regard to this family's history and abuse. These parents had (gave birth to) Peter Jr., and by four months of age he had multiple spiral fractures and was removed from the home along with who were previously removed due to physical abuse. Were returned to the parents in June of 1995 and by April 1997 Peter Jr. reportedly had a broken arm from father, and by August 1997 he was missing. Based on this information it is strongly recommended by these members that be removed from the family home pending the investigation into Peter Jr.'s disappearance. The fourth member recommended strong family supervision and daily accountability and support for this family during this

#### **TEAM ASSESSMENT (Continued)**

stressful time. This member states that because there are no allegations of abuse or neglect to the and this family is apparently doing better than they ever have (with regard to therefore, there is no cause to remove them from the home. This member has concerns that objectivity is being obscured by suspicions and other recent cases in the news. Also stated by this member is the need to arrive at a better understanding of our criteria, such as; at what level of probability do we use separation as a solution rather than seeking other alternatives (homebased services and family monitoring). The Team member who recommended the latter, also suggested that removing the search for Peter Jr. should be carried out expeditiously and vigorously.

other members of their family, up to, and including the removal of their brother from the family. do not yet understand or comprehend the dynamics of the situation in their family; but they do need to be provided with a safe, stable environment with protection, emotional nurturance, and the continuity of care and extended family that has been missing.

These parents have been provided with numerous services over a long period of time, and have seemingly complied. At the very least, in view of their lack of concern and active response to their missing child, it is likely that there have been no improvements in their parenting abilities. At the very worst, if they are actively involved in their child's disappearance, the safety of the remaining children is of the gravest concern.

The family is, therefore, assessed to be:

( ) Safe/Adequate ( X ) Safe/Adequate only with Services

(X) Unsafe/Inadequate

( ) Other: List

one Team member

three Team members

|     | <u>TEAM RECOMMENDATIONS</u>  |
|-----|--|
|     |  |
| 1.  | Placement Recommendations.   |
| 1   | Placement together in a foster home in Hilo to provide safety for school/peer routines during the investigation into Peter Jr.'s whereabouts.  OR  B. Keep in the home and provide services that will monitor the family, provide daily accountability of the family after the school year ends, and keep in safe from any explosive acting out on father's part. Some possibilities include: homebased services, a therapeutic aid, counseling for the parents, and school counselors until school ends.  |
| 2.  | Legal Recommendations.   |
|     | A. The police department should be urged to expeditiously investigate the disappearance of Peter Kema, Jr The uncertainty regarding his status makes decisions regarding experiments and updates on this case.   |
| 3.  | Visitation Recommendations.  |
|     | A. Visitation with both the parents and should be facilitated to provide with support and a social network during the investigation into Peter Jr.'s disappearance.  |
|     | Children's Recommendations:  |
| De  | Psychological treatment/support.  sired Outcomes: To provide support for the s |
| Des | Review of all medical and hospital records, including Dr. Sugai in Kona.  Sired Outcomes: To determine health, the details of Peter Jr.'s arm injury, and any other explained injuries that may have occurred.   |

3. Speak with Dr. McCallister regarding the visit to the Pahoa Clinic to examine Peter Jr.'s arm.. Desired Outcome: To determine the extent and evaluation of the injury.

#### Children's Recommendations (Continued)

4. Contact all of the orthopedic doctors in town to discover if Peter Jr. did have a cast put on his arm in between November of 1996 and April, 1997.

Desired Outcome: To determine the extent and evaluation of Peter Jr.'s injury.

5. Support from outside agencies.

Desired Outcomes: To support this family regardless of whether the remain in the home or are placed into foster care.

6. Obtain copies of miscarriage and death records of children stillborn and/or miscarried by Jaylin. Desired Outcomes: To determine the causes, and if domestic violence was involved.

#### Caretaker's Recommendations

#### Peter Sr. and Jaylin

1. Psychological evaluations

Desired Outcome: To determine the level of parents' functioning and ability to provide a safe home follows.

To gain an understanding of Peter Sr.'s motives in giving his son away.

2. Psychological treatment

Desired Outcome: To provide support for these parents during the stressful time of the investigation, and also if are taken out of the home. To help these parents resolve some of their own issues related to their families of origin, abuse, relationships, and parenting skills. Dr. Barthel is willing to be this support person.

3. Review medical records

Desired Outcomes: To determine health and medical history.

- 4. Check with airlines for reservations/ticket purchases for Peter Jr. and Sr. between July and August of 1997. Desired Outcomes: To verify if Peter Sr. and Jr. did indeed travel between Oahu and Hawaii at the times he has stated.
- 5. Possible re-teaming in the next month.

Desired Outcome: To re-assess the situation.

#### Social System Recommendations

| 1. Visitation with and oth             | er extended family members.                                |
|--|--|
| Desired Outcome: To provide support to | and a sense of family connection throughout this stressful |
| time and hopefully into the future.    |  |

Submitted by: Money J. Higa Team Coordinator

Approved by:

Mary Jo Westmoreland

KCPC HI Branch Administrator



# PETER K. KUBOTA

ATTORNEY AT LAW
A LAW CORPORATION

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BUSINESS LAW
REAL ESTATE
ESTATE PLANNING

April 22, 1998

#### FAX TRANSMISSION SHEET

TO: Fax Number:

FROM: Peter K. Kubota

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PKK:

**MESSAGE** 

RE: Kema

I realize that you can not give us information unless we are parties to the CPS action. However, I just want to let you know that are willing and able to serve as foster or temporary foster custodians for any you may recall that they had served well in this capacity in the previous CPS case, and they are in relatively close contact with the natural parent of a Given the circumstances, it may be in the circumstances. If you wish to speak with the matural parent of the circumstances. If you wish to speak with the matural parent of the circumstances. Thank you.

# To whom it may concern

Theter Kema St. do give up all parental Rights for my son Peter Kema Jr. to my aunty Rose Makua Kane I am Seeking the best care for my son at this time. I am Unable to care for his welfare and I will know his needs will be met

Peter J. Kena

NOTE THAT
PEER KENA SR.
GAUZ ROSE M.
WHEN HE GAVE
HER PETER-BOY.

DEPARTMENT OF HUMAN SERVICES
80CAL SELVICES DIVISION

MAR 2 3 1998

EH INTAKE/ASSESSMENT UNIT HILO, HI 96770

CHE Que 21/98 Parlingons Ket Cuetteel 4. Edward Relice Dept Of CHENNY. NOJIRI, Police Dept. Capt Morty Carter, Pelice Dept

# ALTERNATIVES TO VIOLENCE WOMENS INTAKE ASSESSMENT THO: FC-DA! # CHILDREN: 709-906: FC-CR!! TIVING WITH FARTNER:

TRO: FC-DA!! 709-906: FC-CR!!

| POLICE                                | SPECIAL PAGES DONE:                               |
|---------------------------------------|---|
| OTHER                                 | INTAKE SPECIALIST:                                |
|                                       |   |
| BASIC STAT                            | ISTICAL INFORMATION                               |
| 1 NA Jaylin M.A. Kema                 |   |
| 2. ALLESS P.O.B. 10742 Hilo H         |   |
| 3. ATEA HIO                           | ARIA HIO  |
| 4. I.C.F. <u>04</u> 10.70             | D.O.E. 08-17-10                                   |
|                                       | <b>s</b> .s. 7                                    |
| E. ETHIC Philipino Span. Chi.         | TAP ETHNIC HAWMIAN                                |
| 7. FHONE 1. 934-9019                  | PHONE // 924-9019                                 |
| 8. WORK PHONE/MESS 074-1599           | WORK PHONE/MESS Q34-1599                          |
| S ENTICIES NOW                        | ENTLOYER Security - Hilo Lagron Contra            |
| 10 FELFINES NEWS Hannah Wilson        | FELATIVES NAVE Hannah Wilson                      |
| 11. FILATINES THONE ANT-1709          | RELATIVES THOME 924-1399                          |
| 12. FELATIVES ATTALES 17A Ailuna St   |   |
| S. F. A. 25 ALLATIONSHIT Aunty        | FILATIVES RELATIONSHIT Aunty                      |
| 14. Are you preson by living with you |   |
| 5. How long have you been in this re- | Gistership? Veered North Livery                   |
| t. Are you married to this partner?   |   |
|                                       |   |
| Alexa is not                          | incr. was the seperation because of vicience? yes |
| E. Have you ever seperated before hec | Dialense In agras                                 |
|                                       |   |
|                                       | Portner who has been violent with you?            |
|                                       | led ween togother                                 |
|                                       |   |

ntske - Assessment Unit (Chile, Heather Services) Sw! Dete. Feb. 25 98. Chronia Med. Wend: TK. Or Hup med. Co Appointmet | Complaint Child DOB 1/15/98 Scabies short stature 1/15/98 Scalicas overweight 1/26/98 | Broachi fit Bom Short Stature

## CONSENT TO RELEASE OF INFORMATION TO THE D\_\_RTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

| . Tally Maureen Konz hereby give my permission to  |
|--|
| (1) Name of applicant/recipient/regal guardian (Aco  )  Ben Medical Clime to give the following information  |
| in their records about fine and/or fmy family and/or my ward [check as appropriate] to the DEPARTMENT OF   |
| LITIMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.  |
| The information to be reviewed/released is limited to the following:   |
| medical former total   |
| Tracture on air cuts ( wents care)   |
| Shorts - up to date? Lot med start mad pur   |
| This information is to be used for DHE CPS (4) State purpose   |
| (5) Check one of the following:  [ Y ] This consent is good until (6) month/day/year (not to exceed 90 days from date signed); OR  |
| FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:  I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.   |
| I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:  |
| 1.   |
| maxiema 1×1/9/98   |
| The signature of applicant recipients/legal guardian   |
| 4 P. U. Bx 10742, Hilo, Hr 96721 1   |
| Carter and the contract of the |

Complete two (2) copies: Original - Individual/agency, Copy - Case record

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| NEW ENROLLMENT                 | HAWAII<br><b>QUEST</b> | <i>IF YOU DO NOT C</i><br>A HEALTH CARE I | <del></del> |
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STATE OF HAWAII Department of Human Services Med-QUEST DIVISION

> **DHS-MedQUEST Division** EB-East Hawaii Section (556) 88 Kanoelehua Ave., Room 107 Hilo, HI 96720

| se Name | FOR OFFICIAL USE ONL |
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|         | DEBARTMENT A.        |

DEPARTMENT OF HUPPAN SERVICES WOLDELM SERVICES DIVISION

Section/Unit/IMW Code Date Signed Form Received:

APR 2 7 1998

**APPLICATION FOR** MEDICAL ASSISTANCETelephone No. (808) 933-0339

EH INTAKE ASSESSMENT UNIT

Medical Grid (IV E) 1991 AF/GA 
HILO, HAWAII E 1991 AF/GA Check: FS/HQ Combo

FILING APPLICATION: If determined eligible, your medical coverage may begin on the day your application is received by the Med-QUEST benefits on have reached age 55 and you are tinable to complete the entire application now use complete the entire application now use complete the entire application now use complete your application now use complete the entire application now use complete your application of the complete your application of the capture of the complete your application of the capture of the captu

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AGE:

STATE OF HAWAII Department of Human Services **Med-QUEST DIVISION** 

**DHS-MedQUEST Division** EB-East Hawaii Section (556) 88 Kanoelehua Ave., Room 107 HIIO, HI 96720

|                        | OPPOSED HOLOMAN                   |
|------------------------|-----------------------------------|
| Case Name              | DEPARTMENT OF HOMANISERVICES      |
| Section/Unit/IMW Code  | WorkSOCHAL SERVICES DIVISION      |
| Date Signed Form Recei | APR 2 7 1998                      |
| Check: FS/HQ Combo     | Medical OnEG-IM (Water and Astiga |

**APPLICATION FOR** MEDICAL ASSISTANCE Telephone No. (808) 933-8339 Check:

FILING APPLICATION: It determined eligible, your medical coverage may begin on the day your application is received by the Med-QUEST; eligibility office at it anyone in your household receives either Supplemental Security income (\$SI) end/or Social Security disability benefits or have reached age 55 and you are unable to complete the entire application now, just complete your hame and addings or Page 1 and your signature on Page 3. The eligibility worker will help you complete the application during your hunter.

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| YOUR NAME (LAST, FIRST, M.L)   | 1                   | YOUR SOCIA   | L SECURITY NO.                   | 素                      |  | BIRTHDAT                | E           | PHON        | i≜ No.             |                    |
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| ADDRESS WHERE YOU LIVE (NO. STREET OF  | R DIRECTIONS TO YO  | UR HOME)   |                                  | APT                    | /SPACE NO.   | CITY & ST               | ATE .       | ZIP C       |                    |                    |
| VOLD   |                     |  | -4                               |                        |  | OIT US!                 | 116         | ZIP C       | JDE -              | i.                 |
| YOUR MAILING ADDRESS IF DIFFERENT FRO  | OM ABOVE (NO. STRE  |  |                                  | APT                    | /SPACE NO.   | CITY & STA              | ITE .       | ZIP CO      |                    |                    |
| IS ANYONE IN YOUR HOME PREGNANT?   | IF YES, INDICATE    |  |                                  | WHE                    | N IS THE CH  | ILD(REN) DU             | _ <i>H</i>  |             | 720<br>F CHILD(REN |                    |
| 3. HOUSEHOLD MEMBERS A   | NAME:               | NDEOVARIES   |                                  | DAT                    |  |                         |             | EXPE        |                    |                    |
| Each household member must certif  | v witter penalty o  | F DECLARATION  | IN STATEMENTS                    | 4                      |  | nile                    | A La        | The state   |                    | 17.7               |
| Each household member must certife emergency medical coverage. An acis under age 18, the applicant must at it the spouser is in the household, its   | uit household me    | mber who le age  | 4 or older must sig              | n this d               | Star glaff   | tatement (S             |             | The same of |                    | ing too            |
| If the spouse is in the household, its<br>household member(s), for example, p  | t of line 2. List   | veryone elec in  | the home: If snyor               | st the pe<br>te is pri | reof to who<br>grant, list   | om the med<br>the numbe | ical card   | and/or cou  | pons are to        | be sent.           |
|  | EX PELATIONSHIP     |  |                                  |                        | THE RESERVE THE PARTY OF THE PA |                         |             | 1.0         |                    |                    |
|  | TO PERSON I         | MO/DAY/YR  | SOCIAL SECURITY                  | HACE                   | ALVARA IV  | DISABLED<br>YES by NO   | ABSEN       | DECEASED    | DEPEN              | OF TAX<br>SENT NOT |
|  |                     |  |                                  |                        | MM   | 200                     | DA          |             | Emi                |                    |
| OTHER NAMES USED   |                     | AGE:   | CHECK ONE BLOCK US or NATURALIZ  | ED CITIZEN             |  |                         |             |             |                    |                    |
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| THER NAMES USED  |                     | AGE:   | CHECK ONE BLOCK                  | D CITIZEN              | - Di America   | L                       | <del></del> |             | 1                  |                    |
| Section B):<br>IGNATURE OF ADULT   | 1 2 1 1 1 1 1 1 2 2 |  | 2 /                              |                        |  | Y ADMITTED A            | LIEN DAT    | E OF ENTRY  |                    | ОТНЕЯ              |
|  | one in your home    | who do not   | 145/SSA 1                        | <u>y</u>               | DATE:  | 04-                     | - 27        | -98         |                    |                    |
| Section C): Write in names of other pers   | in your nome        |  | eip, include yourse              | H H you                | do not need  | help                    | Time.       |             |                    |                    |
|  |                     | AGE:   |                                  |                        |  |                         |             |             |                    |                    |
|  |                     | AGE:   |                                  |                        |  |                         |             |             |                    |                    |
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|  | <del></del>         |  |                                  |                        | !  |                         |             | i           |                    |                    |

|  | STATE OF HAWAII   |                                       | 1 ( ) 14 5 ( ) 4 -   |
|--|---|---------------------------------------|--|
| DEPAR<br>FAMILY &  | TMENT OF HUMAN SERVICES<br>ADULT SERVICES DIVISIO   | 5 · ·                                 | Unit/Worker Code   |
|  |   | ĺ                                     | outt/worker code   |
| APPLICATION FOR CH   | ILD SUPPORT ENFORCEMENT   | SERVICES                              | Worker Signature   |
| APPLICANT INFORMATION  |   |                                       | 5  |
| Department of Here   | Maiden Se   | cial Security No.                     | Date<br>Case Number  |
| Department of Human Service  | es - Child Welfare Sc   |                                       |  |
| 3 irth date Birthplace 75 Aupuni Street Room 11:   | 2 Relatio   | onship to Children Z                  |  |
| Hilo, Hawaii 96720   |   | 974-6565                              |  |
| INFORMATION ON ABSENT F  | M.T. BITTE ATT  | NG ASSISTANCE                         |  |
|  | BILLII data so  | cial Security No. U                   | From To Per  |
|  |   |                                       | s  |
|  |   | <b>———</b>                            | - 3  |
|  |   | 2                                     |  |
|  |   |                                       |  |
|  |   | <b>"</b>                              | (X) Fee Exempt   |
| PRESENT STATUS OF CHILDRES Harried on  | EN'S PARENTS TO EACH OT   | HER (Check one, com)                  | te all information)  |
|  | Place   |                                       | et all inioimation)  |
|  | Place   |                                       | Court Order No   |
| ) Legally Separated ( ) & not married, has paternish   | Mar Hanniad I in.   |                                       |  |
| and the base with the  | been established in c   | ourt? ( ) vaa /                       | No Date / /  |
| Place  Separated, have you starte  193 you or are you receiving  | Suppo   | rt Order No                           | -  |
| separated, have you starte   | d divorce action? (   | Yes ( ) No                            | Amount \$  |
| Amount \$  | diract andboat trom f   | he absent parent? (                   | ) Yes ( ) No   |
| . INFORMATION ON PARENT OF   | CHILD IN POSTER HOLD (  | ary Date of last                      | Ayment:  |
| et Name First  | Alias   | se separate form for                  | each absent parent)  |
| th date   Birthplace   |   |                                       | Social Security N  |
|  | - Cay 175   | femele, maiden name)                  | Telephone No   |
| Recent Address   |   |                                       |  |
|  |   | : <u>E. Cas</u>                       | DAZA   |
| of known Employer and Address  |   | Telephone No                          | . Date   |
| ual Occupation   | Medical Health Plan   | Make/Year of Ca                       | r Vehicle License No   |
|  |   |                                       |  |
| ght Weight Color   | Hair Color Eyes   | Racial Backgrou                       |  |
| tary Service ( )Active   | Hair Color Eyes   | Racial Backgrou                       | nd Attach latest photographer of absent parent                   |
| tary Service ( )Active   | Hair Color Eyes ( ) Separated ( ) Reti  | Racial Backgrou                       | nd Attach latest photographer of absent parent                   |
| Altary Service ( )Active (Branch, Date)  | Hair Color Eyes ( ) Separated ( ) Ret:  | Racial Backgrou                       | nd Attach latest photographer of absent parent                   |
| Altary Service ( )Active (Branch, Date)  Employment Compensation ( )  Sup Hemberships (Unions, etc.  | Hair Color Eyes  ( ) Separated ( ) Reti   | Racial Backgrou<br>red Arrests: Type, | nd Attach latest photographer of absent parent                   |
| Altary Service ( )Active ( )Branch, Date)  Employment Compensation ( )  Sup Memberships (Unions, etc.  Absent Parent on welfare?   | Hair Color Eyes ( ) Separated ( ) Ret: Yes ( ) No Where?  | Racial Backgrou                       | nd Attach latest photographic of absent parent. Date, Place      |
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| Absent Parent on welfare? Absent Parent on welfare? And Addresses of Absent Finer (maiden name)  | Hair Color Eyes ( ) Separated ( ) Ret: Yes ( ) No Where?  | Racial Backgrou                       | nd Attach latest photographic of absent parent. Date, Place      |

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|--|--|--|--|---|--|--|---|---------------|
| ADDITA   | DEPARTMENT OF HUMAN SERVICES FAMILY & ADULT SERVICES DIVISION APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES   |  |  |   |  |  | Worker Code   |               |
|  |  | D SUPPORT ENFO   | RCEMENT  | SERVICES  |  | Worke  | r Signature   | <del></del> . |
| APPLICANT I  | Information  |  |  |   |  | Date   |   |               |
| Department of I  | First  | Maiden   | So   | cial Secur  | ity No.  | Case   | Number  |               |
| Department of I  | Birthplace<br>et Room 112  | - Unld We  | Relation   | rices<br>riship to C  | hildren z  |  |   |               |
| Hilo. Hawaii   | 06700  |  |  | 974-656   | one No. 3  |  |   |               |
| INFORMATION  | ON ABSENT PAR  | ENT'S CHILDRE  | N NEEDIN   | G ASSISTA   | NCE 2  | e  |   |               |
| INFORMATION  | FIFAR H.   | I. Birth da  | te Soc   | ial Secur   | Ity No. U  | From   | To  | Per           |
|  |  |  |  |   |  |  | - s   |               |
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| . PRESENT STAT   | TUS OF CHILDREN  | S PAPENTS TO   | PACT   | 7.5   |  | (X) F  | e Exempt  |               |
| ) Married on   | TUS OF CHILDREN  | Place  | EACH OTH   | ER (Check   | one, comp  | ete all  | information)  |               |
|  | 1 1  |  |  |   |  |  |   |               |
| ) Legally Same   | *****  |  |  |   |  | Court O  | rder No.  |               |
| not married, h   | rated ( ) No   | c Married (  | ) Decei  | sed ( )   | Other  |  |   |               |
| not married, h   |  | aan ascaptitu  | ed in co   | ourt? ( )   | V  | No   | Date  |               |
|  |  |  |  | ,   |  | ***  |   |               |
| seperated, haw   | O VOU STAFFAA  | 41   | Suppor   | t Order N   | <b>.</b>   | A.   | sount \$  |               |
| separated, have  | e you started o  | divorce actio  | Suppor   | t Order No  | ) No   | As   | mount \$  |               |
| separated, have  | e you started ( ou receiving di  ( ) Court   | divorce actio  | Suppor   | t Order No  | ) No   | As   | mount \$  |               |
| INFORMATION C  | ( ) Court  | divorce actio<br>irect support<br>Ordered (  | Suppor   | t Order No  | ) No   | As   | mount \$  |               |
| INFORMATION O  | ( ) Court  | divorce actio<br>irect support<br>Ordered (  | Suppor   | t Order No  | ) No   | As   | mount \$  |               |
| INFORMATION O  | COURT OF CH  | divorce actionized support Ordered (ILD IN FOSTER H.I.   | Support ( ) from th Volunt HOME (U)  | t Order No Yes ( e absent ; ary Date e separate   | No<br>Parent? (<br>of last<br>form for   | ) Yes<br>payment:<br>each ab   | ( ) No  |               |
| INFORMATION ( t Name  Lh date 4-10-70  | ON PARENT OF CH  | divorce actionirect support Ordered (  | Support from th Volunt HOME (U Alias  Sex (If:   | t Order N<br>Yes (<br>e absent  <br>ary Date<br>le separate   | No<br>parent? (<br>of last<br>form for<br>iden name)   | ) Yes<br>payments<br>each ab   | ( ) No sent parent)   | AT.           |
| INFORMATION OF Name  LEMA  th date 4-10-70  Recent Address   | COURTED COURTED PARENT OF CHE First DAY/// VICTORIAN DISTRIBUTION DIST | divorce actionirect support Ordered (  | Support from th Volunt HOME (U Alias  Sex (If:   | t Order N<br>Yes (<br>e absent  <br>ary Date<br>le separate   | No<br>parent? (<br>of last<br>form for<br>iden name)   | ) Yes<br>payments<br>each ab   | ( ) No sent parent)   | AT.           |
| INFORMATION OF Name  LEMA  th date 4-10-70  Recent Address   | COURTED COURTED PARENT OF CHE First DAY/// VICTORIAN DISTRIBUTION DIST | divorce actionirect support Ordered (  | Support from th Volunt HOME (U Alias  Sex (If:   | t Order N. Yes ( e absent   ary Date le separate female, ma   | No parent? ( of last of last form for  | ) Yes payment: each ab   | () No<br>sent parent)<br>elephone No.<br>34-0872  | AT.           |
| INFORMATION OF HAME  LEMA  th date  4-10-70  Recent Address  t. Known Employe  | PARENT OF CH<br>First<br>Jaylin<br>Dirthplace<br>UNI.  | divorce actionirect support Ordered (  | Support ( ) from th Volunt HOME (U) Alias Sex (If:   | t Order No. Yes ( e absent ; ary Date ie separate female, ma ) P  ##################################  | No parent? ( of last o | ) Yes payments each ab   | () No<br>sent perent)<br>elephone No.<br>34-0872<br>ite<br>4-27-                              | 98            |
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Date 4-27-98

| F   | STATE OF HAWAII  DEPARTMENT OF HUMAN SERVICES FAMILY & ADULT SERVICES DIVISION   |  |   |   |  |   |  | Non IV          |
|---|--|--|---|---|--|---|--|-----------------|
| APPLICATION   | N FOR CHILD S  | UPPORT ENFORC  | CEMENT SER  | RVIÇES  |  | Horker  | Signatu  | re              |
| . APPLICANT INFOR   | MATION   |  |   |   |  | Date  |  | <del></del>     |
| Tat Name Ti   | 1  | Maiden   | Socia   | 1 Security !  | io.  | Case N  | lumber   |                 |
| Department of Human   | Services -   | Child Welf   | are Servi   | cos.  |  |   |  |                 |
| 73 Aupuill Screet   | thplace<br>Room 112  | R:   |   |   | 1.71   |   |  |                 |
| Hilo, Hawaii 96   | 720  |  |   | Telephone N<br>974-6565   | o. 33  |   |  |                 |
| INFORMATION ON  | ABSENT PARENT  | 'S CHILDREN  | NEEDING !   | ASSISTANCE  |  |   |  |                 |
| Lild's Last Name  | First / M.I.   | Birth date   | Socia.  | l Security N  | o. 2   | From  | To   | Per             |
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| . PRESENT STATUS C  | OF CHILDREN'S  | PARENTS TO E   | ACH OTHER   | (Check one  | comia  | ra all  | Informati  | 00)             |
| ) Harried on/   | / / P  | lace   |   | 1,111-22-32-3   |  |   |  |                 |
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Date 4-27-98

| חבם   | STATE OF HAWAII   | FRUICEC   |  | ()                             | IV-E ( )  | Non IV              |  |
|---|---|---|--|--------------------------------|---|---------------------|--|
| FAMILY  | DEPARTMENT OF HUMAN SERVICES FAMILY & ADULT SERVICES DIVISION APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES  |   |  |                                |   |                     |  |
| APPLICATION FOR   | CHILD SUPPORT ENFO  | RCEMENT SERVIO  | ZS   | Work                           | er Signatu:   | C                   |  |
| APPLICANT INFORMATIO  | ж   |   |  | . Date                         | <del></del>   |                     |  |
| List Name First   | Maiden  | Social S  | security No.   |                                | Number  |                     |  |
| Department of Human Serv  | 11 COC CL 2 7 1 1 2   | fare Services   |  | ٠,                             |   |                     |  |
| Department of Human Serv  | 112   | Relationship  | to Children  | 5                              |   |                     |  |
|   |   | I To  | lephone No   | <u>.</u>                       |   |                     |  |
| Hilo, Hawaii 96720  |   | 974   | lephone No. 4  | 3                              |   |                     |  |
| INFORMATION ON ABSEN  | T PARENT'S CHILDRE  | N NEEDING ASS   | ISTANCE CUFITY NO. C   | \$                             |   |                     |  |
| ild's Last Name First   | M.I. Birth da   | te Social S   | ecurity No.  | From                           | To  | Per                 |  |
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| ) Divorced on / /   |   | <del></del>   |  |                                |   |                     |  |
|   |   |   |  | Court C                        | order No.   |                     |  |
| ) Legally Separated (   | ) Not Married (   | ) Deceased  | ( ) Other _  |                                |   |                     |  |
| not married, has patern   | ity been establish  | ad in court?  |  | 1                              |   |                     |  |
|   |   |   |  |                                |   | <u>/ / </u>         |  |
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11, 357

Date 4-27-98

|   | STATE OF HAWAII  | •  |  | ( ) IV-E ( ) Non  |  |  |
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| DEPA<br>FAMILY  | DEPARTMENT OF HUMAN SERVICES FAMILY & ADULT SERVICES DIVISION  |  |  |   |  |  |
| APPLICATION FOR C   | HILD SUPPORT ENFORCEM  | ENT SERVICES   |  | Worker Signature  |  |  |
| APPLICANT INFORMATION   |  |  |  | P   |  |  |
| Department of Numar Sauce   | Maiden   | Social Security N  | <del>-</del> -  -  | Case Number   |  |  |
| Department of Human Servi   | Ces - Child Welfare Rela 12  | Services<br>tionship to Childr   | ח אַ   |   |  |  |
| Hawaii 96720  |  | 974-6565   | 5.  S  |   |  |  |
| INFORMATION ON ABSENT   | PARENT'S CHILDREN NE   | EDING ASSISTANCE   |  |   |  |  |
|   | ALL BIFTH CARE   | Social Security No   |  | From To P   |  |  |
|   |  |  | _5_  | <u> </u>  |  |  |
| (2)   |  |  |  | <u> </u>  |  |  |
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|   |  |  |  |   |  |  |
|   |  |  | 71   | (X) Fee Exempt  |  |  |
| ) PRESENT STATUS OF CHILL   | DREN'S PARENTS TO EACH   | OTHER (Check one,  | comple   | te all information)   |  |  |
| ) Married on / /  |  |  |  |   |  |  |
|   |  |  | <  | Court Order No.   |  |  |
| ) Legally Separated ( ) once married, has paternit  | y been established i   | eceased ( ) Other<br>n court? ( ) Yes  | - ( ) N  | lo Date /   |  |  |
| Place   |  |  | , ,,,,   |   |  |  |
| separated, have you seem  | <b>a.</b>  |  |  | Amount \$   |  |  |
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Date 04-27-98

|   |  | TATE OF HAWAII  |  |  | - 11                                      | ( ) IV-E ( ) Nor  | 1 TV      |
|---|--|---|--|--|---|---|-----------|
|   | PAMILY &   | MENT OF HUMAN<br>ADULT SERVICES   | DIVISIO  | H  |   | Unit/Worker Code  |           |
| APPL  | ICATION FOR CHI  | LD SUPPORT ENF  | orcement   | SERVICES   |   | Worker Signature  |           |
| I. APPLICANT  | INFORMATION  |   |  |  | <b> </b> -                                |   |           |
| Last Name   | Firet  | Maiden  | So   | cial Security  | NO.                                       | Date<br>Case Number   | -         |
| Birth date  | Birthplace   | CWS   |  |  | - LI                                      | and headle  | •         |
| iddeas  |  |   | varac10  | nship to Child   | ren Z                                     |   |           |
| 75 A  | Uspanist 4   | 1:1/2 1/T 91-   | 10 (4)   | Telephone  | No. 13                                    |   |           |
| IZ. INFORMATI   |  | RENT'S CHILDS   | THE MERCE  | 974-6565   |   |   | •         |
| hild's last No  | me First   | M.I. Birth d  | ate So   | cial Security  |   |   |           |
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#### INITIAL NOTICE OF REQUIREMENT TO COOPERATE AND RIGHT TO CLAIM GOOD CAUSE FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT

#### BENEFITS OF CHILD SUPPORT ENFORCEMENT

Your cooperation in getting child support and medical support from the absent parent may be important to you and your child because it might result in the following benefits:

- 1. Finding the absent parent;
- Legally establishing your child's paternity;
- 3. The possibility that support payments might be higher than your welfare grant;
- 4. The possibility that you and your children may obtain rights to future Social Security, veterans or other government benefits.
- 5. The possibility of medical coverage for your children from the absent parent.

#### WHAT IS MEANT BY COOPERATION?

The law requires you to cooperate with the Income Maintenance and Child Support Enforcement Units to get any support owed to you and any of the children for whom you want financial assistance and Medicaid, unless you have good cause for not cooperating.

In cooperating with the Income Maintenance or Child Support Enforcement Units, you may be asked to do one or more of the following things:

- Name the parent of any child applying for or receiving financial assistance and Medicaid, and give information you have to help find the parent;
- Help determine legally who the father is if your child was born out of wedlock;
- Give help to obtain money and medical coverage owed to you or the children receiving financial assistance and Medicaid; and
- 4. Pay to the Department any money which is given directly to you by the absent parent (you will continue to get your full financial grant from the Department).

You may be required to come to the Income Maintenance office, Child Support Enforcement office, or the law enforcement agencies and courts to sign papers or give necessary information.

STATE OF HAWAII
Dept. of Human Services

# INITIAL NOTICE OF REQUIREMENT TO COOPERATE AND RIGHT TO CLAIM GOOD CAUSE FOR REFUSAL TO COOPERATE IN OBTAINING THIRD PARTY PAYMENTS

#### BENEFITS OF THIRD PARTY PAYMENTS

Your cooperation in obtaining third party payments may be important to you and your child because it might result in the following benefits:

- 1. Broader medical coverage;
  - a. payment for services not covered by Medicaid, and
  - b. payments to a non-Medicaid provider.
- 2. Possibility of medical support for you and your children;
- 3. Establishing third party coverage in the event that you terminate Medicaid coverage.

#### WHAT IS MEANT BY COOPERATION?

The law requires you to cooperate with the Income Maintenance units to obtain and assign any third party payment owed to you and any of the children for whom you want financial assistance and Medicaid unless you have a good reason for not cooperating.

In cooperating with the Income Maintenance units you may be asked to do one or more of the following things:

- 1. Identify any third party who may be liable for services covered under the Medicaid program;
- Provide relevant information or attest to the lack of information, under penalty of perjury, to assist the department in pursuing any such potentially liable third party;
- 3. Appear at department designated location to provide information or evidence relevant to the case;
- 4. Appear as a witness at a court or other proceeding;
- 5. Pay to the department any support or medical care funds received that are covered by the assignment of rights; and
- 6. Take any other reasonable steps to assist in securing medical support and payments.

You may be required to come to the Income Maintenance units to sign papers or give necessary information.

#### **FAX COVER**

April 24, 1998

| To:<br>Your Fax No.:             | Your Phone No. |
|----------------------------------|----------------|
| From:                            |                |
| Hm. Phone No.:<br>Wk. Phone No.: |                |
| Re:                              | medical card   |

Dear

Per your request regarding the phone conversation today (4/24/98), please see copy of my medical plan which includes should you have any questions please contact me at the numbers listed above.

Thank you for assistance.

Sincerely,

cc: Nathan Brenner/Atty.

at

#### DEPARTMENT OF HUMAN SERVICES

# **Fax**

| To:        |            |                |              |                  |
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| ☐ Urgent ☐ | For Review | Please Comment | Please Reply | ☐ Please Recycle |

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| FOR DATE 2/34 TIME                    | 1/2  | 16 AM               |
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| PHONE (I MOBILE)                      |      | PETUS I             |
| MESSAGE K. KAWA LICENSION             | X    | PLEASE CALL         |
| 3                                     |      | YALL CALL<br>AGAIN  |
|                                       |      | CAME TO<br>SEE YOU  |
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PHONE CALL

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EAST HAWAII INTAK. J. SMENT UNIT 120 Pauahi St., Ste. 210, Hilo, HI 96720 Telephone: (808)933-0350; FAX: (808)933-0364



| ☐ Urgent ☐ For Review ☐ Pleas | se Comment 🗆 Please Reply 🗀 Please Recycle |
|-------------------------------|--|
| ,                             | ema children (draft)                       |
| Phone:                        | Date: 4/28/98                              |
| Fax: 961-2376                 | Pages:                                     |
| To: Lt. Nakamich              | From:                                      |
| Capt. Morty Carte             | <del></del>                                |

• WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

Pls. review 3 comments on this draft AFDEXME HILL

8089338887

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\* Draft submitted to Judge Gaddis 04/17/98 by Aley ALRGERYS. BRONSTER



## STATE OF HAWAII DEPARTMENT OF THE ATTORNEY GENERAL FAMILY LAW DIVISION - HILO OFFICE

101 AUPUNI STREET. SUITE PH1014-A HILO, HAWAII 96720-4246 TELEPHONE. (808) 933-8883 • FAX. (808) 933-8887 JOHN W ANDERSON FIRST DEPUTY ATTORNEY GENERAL

| FAX 7 | <b>TRANSM</b> | TTTAI |
|-------|---------------|-------|
|-------|---------------|-------|

| DATE:    | April 17, 1998   |
|----------|--|
| TO:      | The Honorable Ben H. Gaddis Steven D. Strauss, Esq. 45                                   |
| FROM:    | FAX NO. CVaig Sadamoto, Esq. Edith Kawai, Esq. Diputy attorney General  FAX NO. 933-8887 |
|          | IF ANY TRANSMISSION PROBLEMS   |
| CONTACT: | Mayene PH. #: 933-8883   |
|          | PAGE(S) TO FOLLOW  |
| DHS'     | Proposed Amendments!   |
|          |  |
|          |  |

#### WARNING:

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#### COURT RELEASE RE: MISSING CHILD: PETER KEMA, JR.

-----

Peter Kema, Jr. is the seven (7) year-old son of Peter Kema, Sr. and Jaylin Kema. Peter Kema, Jr. is the subject of a missing child investigation. He is also the subject of an open child protective matter originating on the Big Island. Peter Kema, Jr. was the subject of a prior child protective matter which was open from May 1991 until October 1995, when the matter was closed. The prior matter involved physical injuries to this young man when he was four months old. The injuries included a spiral fracture to the left leg. X-ray evidence also confirmed other old healed fractures.

In April 1997, a report was made to The Department of Human Services, Child Protective Services, that Peter Kema, Jr. may have a broken arm. Subsequent investigation could not confirm this because the whereabouts of Peter, Jr., was unknown. A missing persons report was then made.

Peter Kema, Jr. has not been seen by maternal relatives since December 1996. This child's father reports that his son was with him on Oahu in August 1997, although it may have been as early as April or May 1997. Further, Mr. Kema has also reported that he gave custody of his son to a Rose Makuakane, a woman he referred to as "Aunty Rose". Mr. Kema and his son were staying at A'ala Park while on Oahu. Mr. Kema had apparently known Rose Makuakane for a period of two weeks before he gave custody of his son to her. Mrs. Kema does not know Rose Makuakane. Mrs. Kema believed that her husband had left Peter, Jr. with a relative but was not aware that

the child had been left with someone she did not know. Mrs. Kema was not aware that Mr. Kema had given "custody" of their son to Rose Makuakane until January 20, 1998. Mrs. Kema did not give custody of her son to Rose Makuakane.

There have been a number of different stories made regarding the whereabouts of this child who remains missing since approximately April or May 1997. He is reported to be with Rose Makuakane, who may either be living on Oahu, or, who may have relocated to a beach in Florida. It was stated that the child had been enrolled in a private school on Oahu. It was stated that the child was on vacation on Oahu. Relatives had heard that the child was staying with a maternal uncle on Oahu. It was reported that the child was living in Kona with a paternal aunt and attending school there. However, there is no known record of Peter, Jr. being registered in any public school within the State of Hawaii.

All reports regarding the disappearance and whereabouts of Peter Kema, Jr. have been followed up without success. Police have been unable to locate a Rose Makuakane. The parents do not know how to contact Rose Makuakane and they are not able to locate their son. Peter Kema, Jr. remains missing.

Hilo police requests the public's assistance for information regarding the whereabouts of Peter Kema, Jr. or Rose Makuakane. Please contact Detective Glenn Nojiri of the Hawaii County Police Department: 961-2327 (Hilo); or Crime Stoppers: 961-8300 (Hilo); or The Missing Persons Unit of the Honolulu Police Department: 529-3394 or 529-3115 (Oahu).

7671 Post-it" Fax Note Phone #

P.01 (X) Draft written

P. 1

PROPOSED COURT RELEASE

#### MISSING CHILD: PETER KEMA, JR.

Peter Kema, Jr. is the seven year old son of Peter Kema, Sr. and Jaylin Kema. Peter, Kema, Ir is the subject of a missing child investigation. He is also the subject of an open Child Protective matter originating on the Big Island. Peter Kema, Jr. was the subject of a prior Child Protective matter which was open from \$ 8/9/ until 10/31/95, when the matter was closed. The prior matter involved physical injuries to this young man when he was four months old. The injuries included a spiral fracture to the left leg. X-

ray evidence confirmed other old healed fractures.

dupoted that they thought Peter's any was The Department of Human Services, Child Protective Services, received a report in April 1997 that Peter Kema, Jr. had suffered a broken arm and a black eye.

this reported injury led to concerns regarding the whereabouts of this child

by andernal relations

This child's father reports that his Peter Kema, Ir. has not been seen since

son was with him on Oahu in August of 1997, although it may have been as early as April or May of 1997. Further, Peter Kema, Sr. has also reported that he gave custody of his son to a Rose Makuakane, a woman he referred to as "Aunty Rose". Mr. Kema and his son were staying at A'ala Park while on Oahu. Mr. Kema had apparently known Rose Makuakane for a period of two weeks only before he gave custody of his son to her. Mrs. Kema does not know Rose Makuakane. Mrs. Kema believed that her husband had left Peter, Jr. with a relative but was not aware that the child had been left with someone she did not know. Mrs. Kema was not aware that Mr. Kema had given "custody" of their son to Rose Makuakane until January 20, 1998. Mrs. Kema did not give custody of her

There is a series of possible storics regarding the whereabouts of this child who remains missing since approximately April or May 1997. He is reported to be with Rose Makuakane, who may either be living on Oahu, or, who may have relocated to a beach in

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APR 17 /98 11:40AM YMCA OF HONOLULU METRO OFFICE

P. 1

Florida. It was stated that the child had been enrolled in a private school on Oahu. It was stated that the child was on vacation on Oahu. Relatives had heard that the child was staying with a maternal uncle on Oahu. It was reported that the child was living in Kona with a paternal aunt and attending school there Peter Kema, Ir. is not registered at any public school within the State. Maternal relatives last saw this child in December 1996.

All reports regarding the disappearance and whereabouts of Peter Kema, Ir have been followed up without success.

Police have been unable to locate a Rose Makuakane. The parents do not know how to contact Rose Makuakane and they are not able to locate their son. Child Protective hear that it.

representatives have asked this young man's parents to provide contact information for the child and also to bring the child to the DHS offices on several occasions. The parents have not brought the child to meetings and the child has not been present on visits to the home. Peter Kema, Jr. remains missing

Her Pulice limbing for PK fr. Believe by Rose M.

If you or someone you know has information regarding the whereabouts of Peter Kema,

Ir or Rose Makuakane, please contact the Department of Human Services on the Big

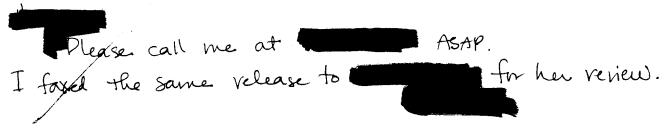
Island at 933-0350. Confidential reports are accepted.

Detective glen Drivi et the tile Police at 961-2327 or Any local police department.

# **Fax**

| To:                       | From                         |                  |
|---------------------------|------------------------------|------------------|
| Fax:                      | Pages: 3                     |                  |
| Phone:                    | Date: 04/17/98               |                  |
| Re: Peter tema fr.        | Court Press Release          |                  |
| ☐ Urgent ☐ For Review 爲 P | lease Comment 🔀 Please Reply | ☐ Please Recycle |

• WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.





# **Fax**

| То:                   | From:  |  |
|-----------------------|--|--|
| Fax:                  | Pages: 3   |  |
| Phone:                | Date: 04 17 98                                   |  |
| Re: Peter Kema fr.    | Proposed Court Pelease                           |  |
| ☐ Urgent ☐ For Review | ☐ Please Comment ☐ Please Reply ☐ Please Recycle |  |

• WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

| RETURN TO:<br>CHILDREN'S ADVOCACY CENTER OF EAS<br>1290 Kinoole Street<br>Hilo HI 96720   | T HAWAI'I  Child's Name  Mother's Name  CAC-EH # 98-0070 CPS #  Social Worker |
|---|---|
| DHS STATUS AND DISPOSITION  | *Interviewed at CAC w/Det. Randall Medeiros on 4/24/98.                       |
| Sexual abuse investigation: [ ] Confirmed [ ] Unconfirm   | ed [ ] Unsubstantiated  |
| Action taken: Circle appropriate  A. No action taken, awaiting fur  B. Case closed after investigation  | letter(s) and date of actions:  |
| C. Voluntary services D. Family/Victim refused services E. Family Court petition filed ( F. Case transferred to G. Case closed - Services completed H. Child removed from home [ ] Investigation Only [ | current invest.)  3/10/98 m (kerk   |
| Placement location: check Relative Emergency Shelter Other  | Family Friend/neighbor Foster Home  |
|   | Nuc (SAND) 2/24/58.   |
| FAMILY COURT PROCEEDINGS  | / // // //  |
| <pre>furisdiction granted for current cas<br/>investigation (Chapter 587):</pre>  | se [ ] Yes [ \( \sum_{\text{\text{No}}} \) No                                 |
| llegation related to divorce/custoo   | ly proceeding: [ ] Yes [ No   |
| REATHENT AVAILABILITY check all th  | at apply and who it applies to:   |
| c = child, n = non-offending paren  | t o = offender s = sibling  |
| Participating in Child & Family Wait listed for Child & Family Participating with private there Lack of available/appropriate to  | Service: Group/ Individual Service  |
| Sother Frank paren  | oleited in the une  |

|   | TO THE DEPARTMENT OF HUMAN                                       |
|---|--|
| SERVICES, FAMILY AND ADUL   | T SERVICES DIVISIO   |
| T 1 1 1 1   | dot (T) forms  |
| - Jaylon Acol Ken   | n C L c  |
| (1) Name of applicans/recipiens/tegal guardian  | Jan Ke   |
| to Medical Center   | 10 givi  |
| (2) Individual/agency or organization   | de sol torno   |
| their records about <u></u> me and/or <u>ny</u> my family and/or <u>my</u>  | ward (check as appropriate) to the DEPARTMENT OF                 |
|   | Jan 4  |
| TUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION  | N. For mother JAYLW ACOL   |
| he information to be reviewed/released is limited to the following:   | ATTLW ACOL   |
|   |  |
| in fre truth and  | lected of  |
| hus curred ne   | grace still born   |
| or North Marko  | nt!  |
| , , ,   |  |
| NHO /   |  |
| his information is to be used for   | (4) State purpose  |
| Olyviel   | /  |
| Check one of the following:   | (not to exceed 90 days from date signed); OR                     |
| This consent is good until (6) month/day/for  | (not to exceed 90 days from date signed); OR                     |
| , ,   |  |
| J FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMING I understand that my records are protected under the federal records.             |  |
| Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be   |  |
| provided for in the regulations. I also understand that I may   |  |
| action has been taken in reliance on it, and that in any event to<br>date on which I sign this consent.                           | this consent expires automatically one year from the             |
| -   | and harries in to enable the second second second second         |
| I further understand that the purpose of the disclosure authorize assessment and treatment. I authorize the DHS to redisclose the | the information to the following service providers to facilitate |
|   |  |
| 1   | •  |
| 1.  |  |
|   |  |
|   |  |
| <i>√</i>  | <b>λ</b> /   |
| (7) Signature of applicant/recipient/legal guardian   | Design   |
| (7) Signature of applicant/recipient/legal guardian   | Desce  |
| (7) Signature of applicant/recipient/legal guardian   | Defice   |

Complete two (2) copies:
Original - Individual/agency, Copy - Case record

| CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN   |
|--|
| SERVICES, FAMILY AND ADULT SERVICES DIVISION   |
| Jaylon Acol Kend / leter Kend Some   |
| (1) Name of applicant/recipient/legal guardian   |
| John Bellatti, hud to give the following information   |
| (2) Individual agrocy or organization  Central Konz Center Bldg 5 - Swite C (P.O.B. 2 Le Kuz. Hz) 96750  in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF   |
| HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION. Peter Kend, Jr. / May 1/9/   |
| The information to be reviewed/released is limited to the following:   |
|  |
| Conse of Injury Treetment: follow-up by  |
| Control of 11 (real)   |
| Correction of the Correction o |
| This information is to be used for (4) State purpose   |
| (4) State purpose  |
| and shore formanding   |
| (5) Check one of the following:  [X] This consent is good until (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1   |
| FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:  I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.   |
| I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:  |
| 1.   |
| X  |
| (7) Signature of applicant/recipient/legal guardian Date   |
| ~ 1  |
| (8) Address of applicant recipient Social Security No. or Birthdate of Applicant/Recipient   |

Complete two (2) copies;
Original - Individual/agency, Copy - Case record

## CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

| L. Jay / 2 n Acol Keeplicand/recipiens/legal guardian   |  |
|---|--|
| (1) Natividual agency or organization   | to give the following information  |
| in their records about me and/or my family and/or my was  HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.  The information to be reviewed/released is limited to the following: | I check as appropriate] to the DEPARTMENT OF  Peter Kenn, My 1/9  I cle e bouth or  The that we dent  The Alach we dent  (4) State purpose  I cle e bouth or  (4) State purpose                              |
| (5) Check one of the following:   | plations governing Confidentiality of Alcohol and sclosed without my written consent unless otherwise oke this consent at any time except to the extent that consent expires automatically one year from the |
| (7) Signature of applicant/recipient/legal guardian   | Deta   |
| (8) Address of applicant recipient  | Social Security No. or Birthdate of Applicant/Recipient  |

Complete two (2) copies:

Original - Individual/agency, Copy - Case record

## CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

| O l. Market dob  |
|--|
| L dylin acol Kenna hereby give my permission to  |
| (1) Name of applicant/recipient/legal guardian   |
| Medical Center of to give the following information (2) Individual/agency or organization  |
|  |
| in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF  |
| HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.  |
| The information to be reviewed/released is limited to the following:   |
| a Disense at bruseles noon or about  |
| I discharge procharge orme   |
| If with addition of  |
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| DHE last to  |
| This information is to be used for   |
| and german   |
| (5) Check one of the following:  |
| $\sim 10^{-1}$   |
| This consent is good until (6) month/day/year (not to exceed 90 days from date signed); OR   |
| FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:   |
| I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and  |
| Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time execpt to the extent that  |
| action has been taken in reliance on it, and that in any event this consent expires automatically one year from the  |
| date on which I sign this consent.   |
| I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:  |
| assessment and declineate . Colline to District the master and the second master and the |
| 1  |
| •••  |
|  |
| ×  |
| (7) Signature of applicant/recipient/legal guardian Date   |
| $\swarrow$ $\Lambda$   |
| (8) Address of applicant recipient Social Security No. or Birthdate  |
| of Applicant/Reciplent   |

Complete two (2) copies:

Original - Individual/agency, Copy - Case record

#### FAX COVER

|                                  | Apr   | il 24, 1998                                    |                                     |                     |
|----------------------------------|---|--|-------------------------------------|---------------------|
| To:<br>Your Fax No.:             |   | Your Phone No.                                 |                                     |                     |
| From:                            |   |  |                                     |                     |
| Hm. Phone No.:<br>Wk. Phone No.: |   |  |                                     |                     |
| Re:                              |   | nedical car                                    | rd                                  |                     |
| Dear                             |   |  | ·                                   |                     |
| of my medical plan               | garding the phone con<br>which includes<br>ntact me at the number | oversation today (4/24) Shoulers listed above. | /98), please see<br>ld you have any | сору                |
| Thank you for assist             | ance.   |  |                                     |                     |
| Sincerely,                       |   |  |                                     |                     |
|                                  |   |  |                                     |                     |
| cc: Nathan Breni                 | ner/Atty.   |  | When S                              |                     |
| at                               |   | ( )<br>( )                                     | () <b>)</b>                         |                     |
| Wints (                          |   | WY CAH   | •                                   |                     |
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|                                  |   | 1 (4) In 2                                     | 300                                 | И. г.               |

Blue Shie.

An 'Independent Licensee of the Blue Cross and Blue Shield Association

SSUE DATE 01/27/98

MEMBER NBR W9U739-4 NAME KEMA, JAYLIN M METHORK BAY CLINIC INC PCP THE BAY CLINIC INC EMERGENCY DENTAL ONLY TPLI TPL2

BIRTH DATE 04/10/70 SEX F PCP/PCD EFF BENEFITS: 06/16/97 MEDICAL 02/01/96 ER DATL SEE BACK OF CARD

\*\* SEE BELOW FOR OTHER FAMILY MEMBERS \*\*

MEMBER NBR W69487-7 NAME KEMA, PETER SR

DEPARTUTE OF FAMOUN SERVICES

APR 2 3 1998

EH INTAKE/ASSESSMENT UNIT

HILO, HI 96720

TOD DIVISION

 $Q \cap \mathcal{F}$ 

KELVIN DEGINDER MD PCP EMERGENCY DENTAL ONLY PCD TPLI TPL 2

EIRTH DATE 08/17/70 SEX M PCP/PCD EFF BENEFITS: 02/01/98 MEDICAL 02/01/96 ER DNT: SEE BACK OF CARD

MEMBER NBR W90741-0 NAME A

METHORK BAY CLINIC INC THE BAY CLINIC INC HILO FAMILY DENTAL PCD TPLI TPL2

BIRTH DATE ZEX . PCP/PCD EFF BENEFITS: 07/01/95 MEDICAL 03/01/97 DENTAL ERSOT ELIGIBLE



Blue Cross Blue Shield

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PCP/PCD EFF BENEFITS:

07/01/95 MEDICAL

BIRTH DATE

ISSUE DATE 01/28/98

EMBER NBR W144971-9 NAME 1

METHORK BAY CLINIC INC THE BAY CLINIC INC PCP HILO FAMILY DENTAL PCD TPLI

TPL 2

03/01/97 DEMTAL EPSDT ELIGIBLE MM SEE BELCE FOR SEARCH THE STY MEMBERS \*\*

MEMBER NBR W330265-8

METHORE BAY CLIK - INC THE BAY CLINIC IS. PCF HILO FAMILY DENTAL ≥CD TPL 1

TPL2

BIRTH DATE SEX . PCP/PCD EFF BENET 11/25/94 MED AL 03/01/97 DEN EPSDT ELIGIB 41

F.7

| RETURN TO:   |                            | APR 2 7 1998          |
|--|----------------------------|-----------------------|
| CHILDREN'S ADVOCACY CENTER OF EA   | ST HAWAT'T                 | 7 1770                |
| 1290 Kinddie Street  | EH                         | INTAKEASSESSMENT UNIT |
| Hilo HI 96720  | Child's Name               | 720                   |
|  | Mother's Name              |                       |
|  | CAC-EH # 98-0070 CPS       | 3 #                   |
| •  | Social Worker_             |                       |
|  | *Interviewed at CAC w/Det. | Randall Medeiros      |
| DHS STATUS AND DISPOSITION   | on 4/24/98.                | ,                     |
| Sexual abuse investigation: [ ] Confirmed [ ] Unconfirmed  |                            |                       |
| Action taken: Circle appropriate   | letter(s) and date of ac   | tions:                |
| A. No action taken, awaiting for   |                            | DATE                  |
| <ul><li>A. No action taken, awaiting funds.</li><li>B. Case closed after investigation</li></ul> | rther investigation        | - Ma                  |
| C. Voluntary services  |                            | - M. a.               |
| D. Family/Victim refused service   | ls                         |                       |
| E. Family Court petition filed /   | current invest.)           | 110/98 10 (Red        |
| r. case cransferred fo   | , _                        | ungent less           |
| G. Case closed - Services comple<br>H. Child removed from home                                   | ted                        |                       |
| [ ] Investigation Only   | I Longor Morm Blanco       | manher repor          |
|  | l rouder lerm bracement    | (removed 4/2)         |
| Placement location: check  |                            | 19                    |
| Relative   | Family Friend/no           | eighhor -             |
| Emergency Shelter Other  | Foster Home                | · .                   |
|  |                            | 46.                   |
| I. Other Kennt flom  | hedred to be               | 1 12 /331             |
| ( L 1  | 11                         | 11/80                 |
| renjune by   | Nuc (Sono) in              | 124/20                |
| FAMILY COURT PROCEEDINGS   |                            | 724/88.               |
|  |                            |                       |
| Jurisdiction granted for current ca  | se [ ] Yes                 | [X] No                |
| investigation (Chapter 587):   |                            | 1, 110                |
| Allegation related to divorce/custon   |                            |                       |
| s de   | dy proceeding: [ ] Yes     | Mo                    |
|  | e e                        |                       |
| TREATMENT AVAILABILITY check all the   | nat apply and who it appli | ies to:               |
| c = child, n = non-offending paren   |                            |                       |
|  |                            |                       |
| Participating in Child & Family Wait listed for Child & Family                                   | Service: Group/ Individ    | ual                   |
|  |                            |                       |
| Participating with private ther  | apist                      |                       |
| Lack of available/appropriate to   | reatment pecause           |                       |
| Cother Though I had a serve  | + disted :==               | 1                     |
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| in the second  | of the leads of DI         | HS                    |

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| FREEMAN GUARDS, INC.                          |
|---|
| 1 / - 1 / - 1 / 300/4                         |
| late: / /                                     |
| LIENT: PETER KEMA SR.                         |
| SYNOPSIS                                      |
| While STANDING AND GUARDING MR.               |
| KEMA SR. HE REQUESTEDAME WOULD UKE            |
| to go out of the holding ROOM JOR CUENT       |
| AND 90 OUTSIDE TO STORE !!                    |
| DU WAS MAT HE WOOG                            |
| LILL THE INTERVIEW WITH THE SW                |
| And DOUCE OFFICERS, ARE OVER, Which he        |
| Agreedato it but while Sitting IR NET         |
| WERE MOUNThing of shout (CPS) ARE W           |
| RONG IN COMING INTO MS HORE TRY               |
| Things that ARE NOT PhiER BUSILESS            |
| ASKING ABOUT MIS SON ( EIER OF THE HOU        |
|   |
| dead are you is a first the                   |
| DOINT he ASURED III                           |
| dend and that because the boy where he        |
| WAS REMOVE ON THE CAST CTS CHOE, THE          |
| When be CAME BACK INTO THE TELLE              |
| wasn't used too, And he and his wife          |
| had con fully spring of this wife Moses of No |
| MERENT CHECKY TE                              |
| 50 he took MANTERER BOY TO GUE WITH ME        |
| HUNTU WITH AN HYRESTER! IT IN I Date          |
| good CARE OF him. AT THIS DOINT IN TOLD POR   |
| BR. that I and the touce the                  |
| INTERESTED IN TETER BOYS OFFETY THO           |
| you the Dad should tell than were to          |

Officer: Pinjon 3pm Couplete

Theter Kema Sr. do give up all parental Rights for my son Peter Kema Jr. to my aunty Rose Makua Kane I am Seeking the best care for my son at this time. I am unable to care for his welfare and I will know his needs will be met

Peter J. Kana

NOTE THAT
PEEK KENIA SK.
GAUZ ROSE M.
WHEN HE GAUE
HER PETEZ-BOY.

DEPARTMENT OF HUMAN SERVICES
SOCAL SERVICES DIVISION

MAR 2 3 1998

EH INTAKE/ASSESSMENT UNIT HILO, HI 96720

#### FRIENDS OF TH "L'UREN'S ADVOCACY CENTER C' "ST HAWAII

|                                     | Request for Special | Veeds Assistance |         |               |
|-------------------------------------|---------------------|------------------|---------|---------------|
| CHILD'S NAME                        |                     |                  | DATE    |               |
| 616 ETH 6504                        | 1-00                |                  |         |               |
| CAC-EH#CPS#                         | (10780) MF 7        | J AGE            |         |               |
| REQUESTED BY                        | AGENCY              | 15tts            | PHONE   |               |
| N Seen at the CAC on $4/2$          | / 9 [ ] Not se      | en at CAC        |         |               |
| FAMILY TYPE                         | ETHNICITY *         | PLACEME          | NT      |               |
| Single Females                      | Asian               | At Home          |         |               |
| Single Males                        | Black               | Foster Horne     |         | ₹             |
| Single Female with/kids             | Caucasian           | Emergency        |         |               |
| Single Male with/kids               | Hawaiian            | Extended Fa      |         | 7             |
| Couple                              | Pacific Islander    |                  |         |               |
| Couple with/kids                    | ≫ Other             | Other            | i       |               |
| * optional                          |                     | 1                | <u></u> | <del></del> - |
| Services Requested:                 | <u> </u>            | -                |         | <b></b> ·     |
|                                     |                     |                  |         |               |
|                                     |                     |                  |         |               |
|                                     |                     |                  |         |               |
|                                     |                     |                  |         |               |
|                                     |                     |                  |         |               |
| Sibration and tangen for some       | <b>-</b> 00         | A 0              | 0 1     |               |
| Situation and reason for reques     |                     | Ned 1            | ch      | you           |
| army as                             | <del></del>         |                  |         |               |
|                                     |                     |                  |         |               |
|                                     |                     |                  |         |               |
| mount/item of request               |                     |                  |         |               |
| · · · · · ·                         |                     |                  |         |               |
| Vhere else have you tried?          |                     |                  |         |               |
| ANWRAPAROUND                        | Other               |                  |         |               |
|                                     | OUTCOME             |                  |         |               |
|                                     |                     |                  |         |               |
| approved: Check payable to:_        |                     |                  |         |               |
|                                     |                     |                  |         |               |
| 1 Appended DV:                      | **************      | ***********      | ******  | ************* |
| Approved BY:  Charge to: [ ] CG [ ] |                     | DATE             |         |               |
| Charge to: [ ] CG [ ]               | TH [] FCAC          | [ ] LOAN [       | OTHER   |               |
| raid 110111.                        |                     |                  |         |               |
| Peny Cash 3                         |                     |                  |         |               |
| Petty cash \$                       | to                  |                  |         |               |
|                                     | <del></del>         |                  |         |               |
| Other                               |                     |                  |         |               |
|                                     |                     |                  |         |               |
| Not approved: explain               |                     |                  |         |               |
|                                     |                     |                  |         |               |
| Y:                                  |                     |                  |         |               |
|                                     |                     |                  |         |               |