



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
KAHAKAI ELEMENTARY SCHOOL  
76-147 ROYAL POINCIANA DRIVE  
KAILUA-KONA, HAWAII 96740

October 26, 1992.

Dear [REDACTED]

We are happy to announce that your son/daughter, [REDACTED], has been selected by his/her teacher as the student-of-the-week for the week of October 26 to 30, 1992.

Each homeroom teacher has the opportunity to select one student in her class who has been an outstanding student for the week. The student must have performed well in all areas of school work for the week--this includes academic performance as well as social development.

His/her name will be posted on a special board located in the cafetorium where all the students pass by daily.

Thank you for training your child well and having him/her come to Kahakai School. We're proud to have him/her here.

Sincerely,

*Claire Yoshida*

Claire Yoshida  
Principal

Teacher Miss Carolyn Sakata

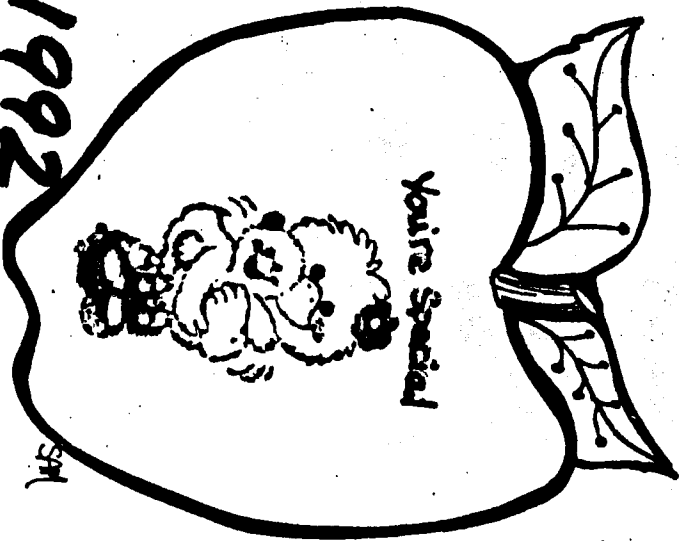
This certificate is to guarantee  
that



is

a

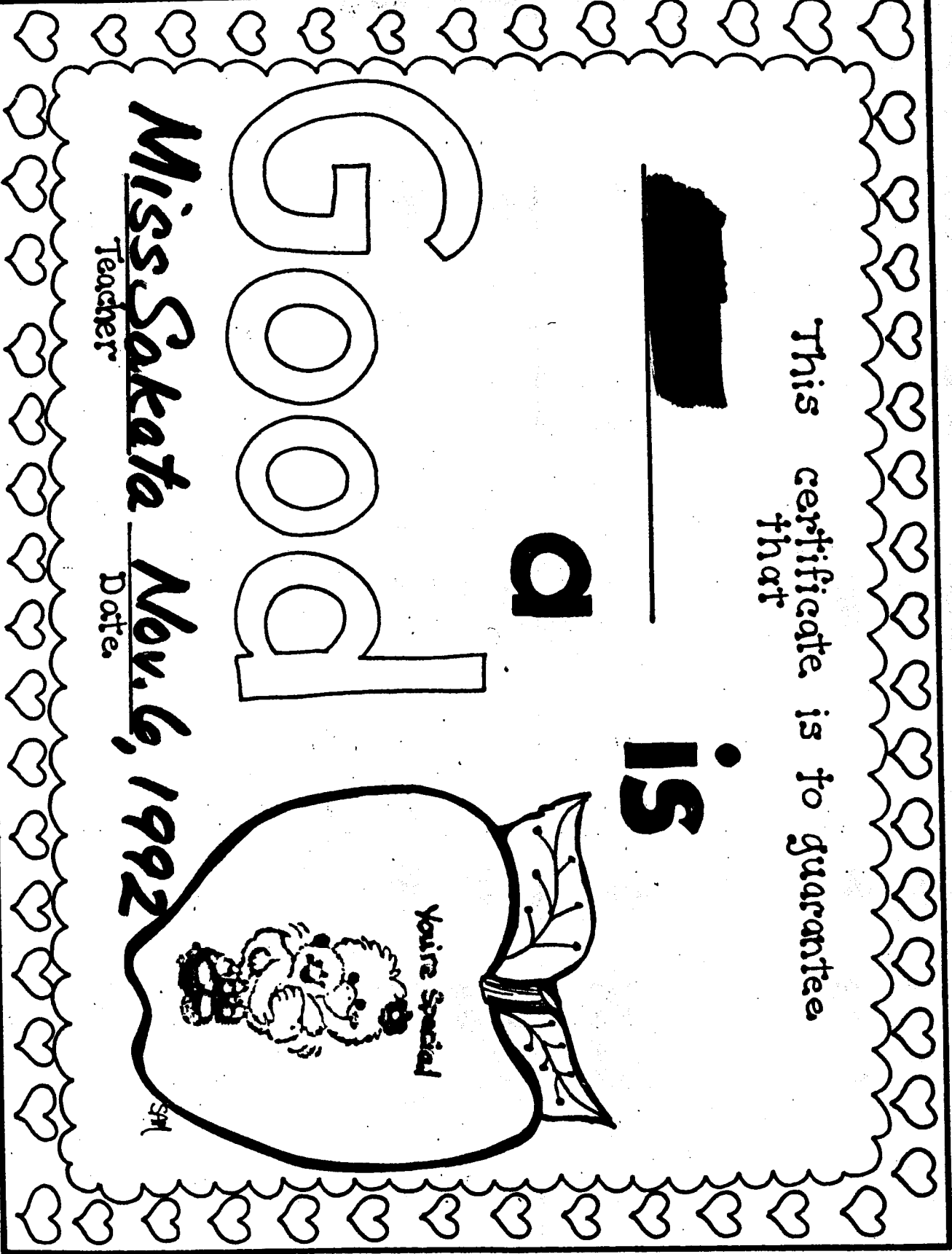
GOOD



Miss Sakata  
Teacher

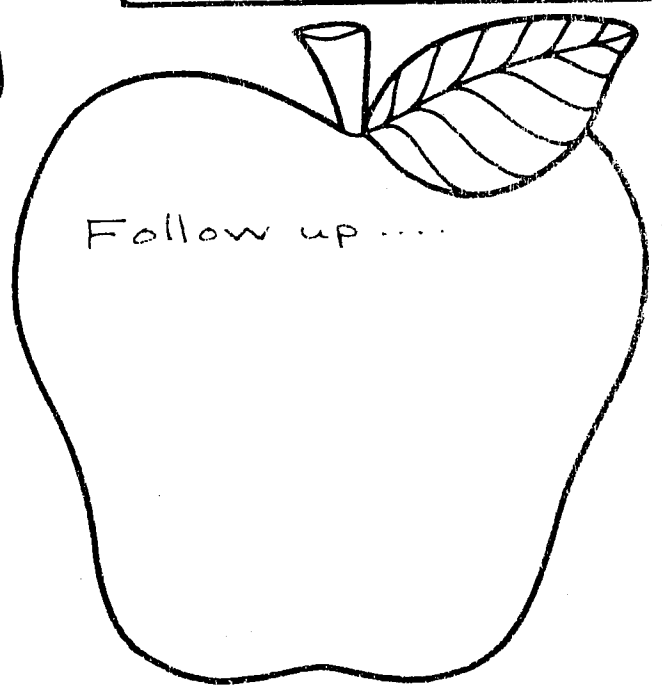
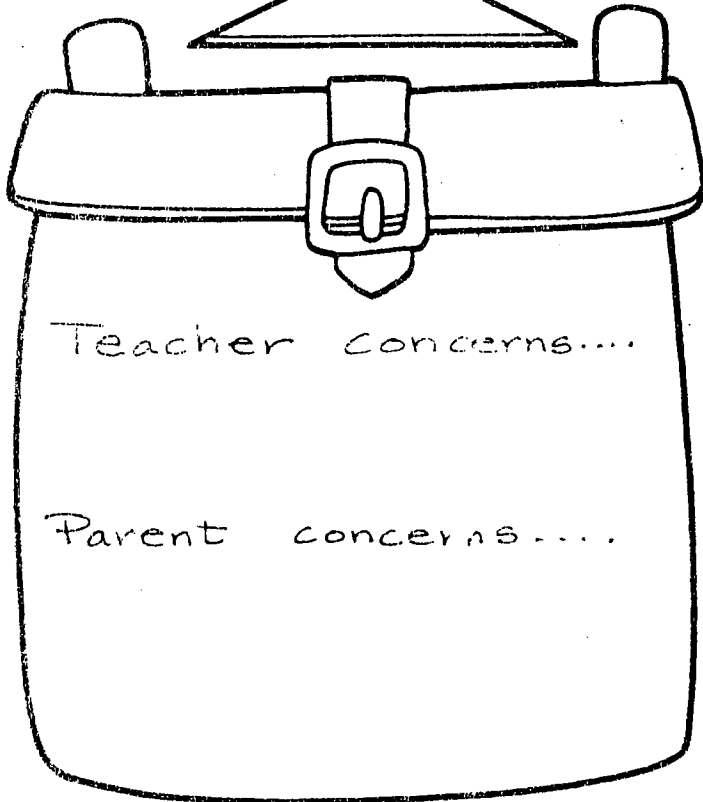
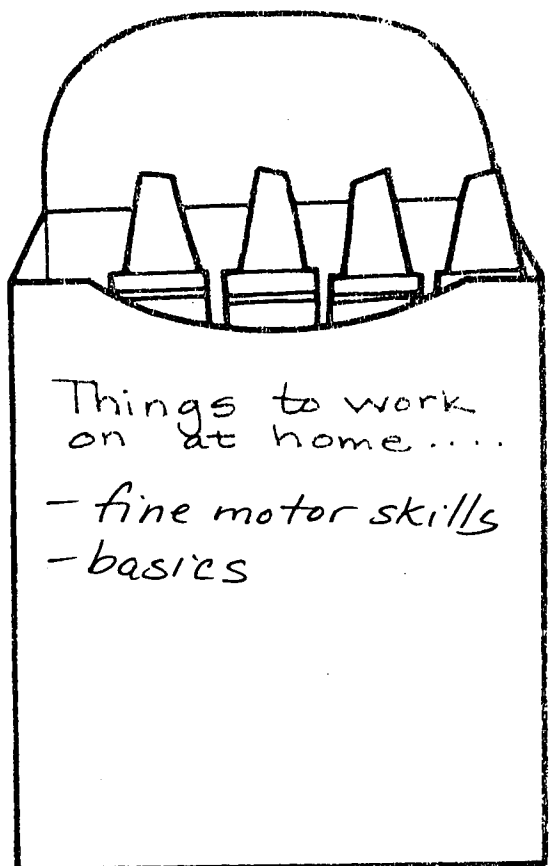
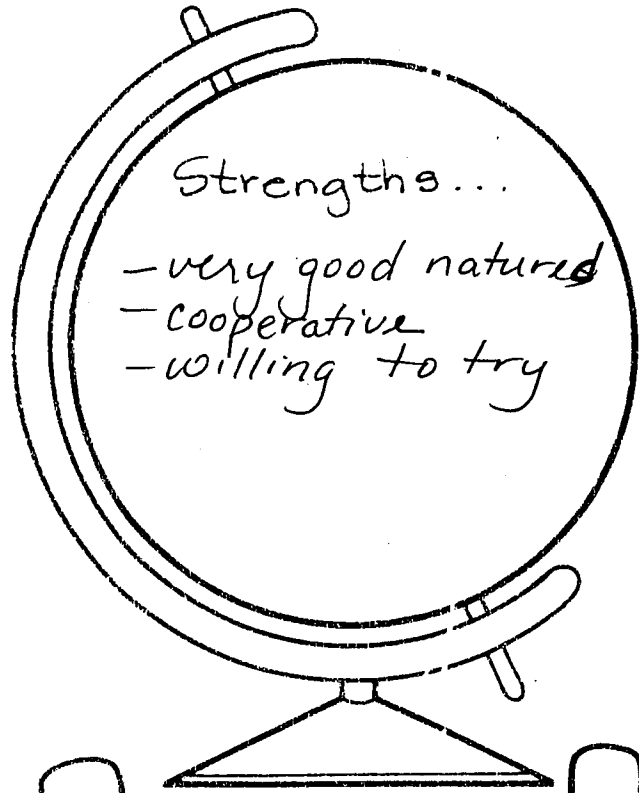
Date

Nov. 6, 1992



# Instant Information for Parents

From Miss Sakata



Teacher: Use this form with the ideas on pages 12 and 14.

**Achievement Award**



PRESENTED TO:

Citizenship - Kahakai School

SCHOOL:



PRESENTED BY

**KONA BOWL**

Carol Zaman  
TEACHER'S SIGNATURE

[Signature]  
KONA BOWL REPRESENTATIVE

[Signature]  
PRINCIPAL'S SIGNATURE

11-23-92  
DATE

COUPON

**Achievement Award**

THIS CERTIFICATE ENTITLES YOU TO BE OUR GUEST FOR ONE FREE GAME OF BOWLING

(SHOES INCLUDED)

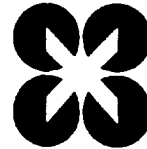
EXPIRES DECEMBER 30, 1992

COMPLIMENTS OF

**Kona Bowl**

Above Lanihau Center

GOOD ONLY MONDAY - SUNDAY 8:30 AM - 5:00 PM  
NOT GOOD FOR LEAGUE PLAY



**Certificate  
of  
Award**

*This award is presented to*

*[REDACTED]*  
*in recognition of outstanding*

**Citizenship**

*This 23<sup>rd</sup> day of Nov., 1992.*

*Signed David J. Goble*

Printed in U.S.A.

© 1984 TREND enterprises, Inc. St. Paul, MN 55164

T-607

CHILD'S NAME: [REDACTED]  
 BIRTHDATE: [REDACTED]  
 GENDER: [REDACTED]  
 ID #: [REDACTED]

DISTRICT: HAWAII  
 SCHOOL: KAHAKAI  
 TEACHER: SAKATA

KINDERGARTEN INVENTORY OF DEVELOPMENTAL SKILLS (KIDS)  
 PRE-TEST (MISSOURI NORMS)

TESTING AGE: [REDACTED]

TEST DATE: 9-2-92

SUB-TEST	MAX SCORE	PUPIL SCORE	NCE	% RANK	STANINE
NUMBER CONCEPT	18	11	47	44	5
AUDITORY SKILLS	20	10	34	22	3
PAPER/PENCIL SKILLS	23	7	28	15	3
LANGUAGE SKILLS	23	12	40	32	4
VISUAL SKILLS	22	12	46	43	5
GROSS MOTOR SKILLS	20	13	53	56	5

(NCE = NORM CURVE EQUIVALENT)  
 VALIDITY SCALE:

AUDITORY MEMORY:  
 VISUAL MEMORY:

PEABODY PICTURE VOCABULARY TEST.- FORM L (PPVT)  
 PRE-TEST

TESTING AGE: [REDACTED]

TEST DATE: 9-2-92

	AGE EQUIV	PUPIL SCORE	SSE	% RANK	STANINE
PPVT	4-1	44	78	7	2

(SSE = STANDARD SCORE EQUIVALENT)

SUMMARY OF STANINE SCORES: PRE-TEST

TEST	LOW			AVERAGE			HIGH		
	1	2	3	4	5	6	7	8	9
NUMBER CONCEPT	:		:		X	:		:	
AUDITORY SKILLS	:		X	:		:		:	
PAPER/PENCIL SKILLS	:		X	:		:		:	
LANGUAGE SKILLS	:			X	:	:		:	
VISUAL SKILLS	:				X	:		:	
GROSS MOTOR SKILLS	:				X	:		:	
PPVT	:	X	:			:		:	

## Requested Dates for Physical Visits

May 1, Saturday - May 2, Sunday Petting B-Day  
May 8, Saturday - May 9, Sunday Mother's Day wknd  
June 5, Saturday - June 6, Sunday  
June 19, Saturday - June 20, Sunday Father's Day wknd  
July 3, Saturday - July 4, Sunday Independence Day wknd  
July 17, Saturday - July 18, Sunday  
August 1, Saturday - August 2, Sunday  
August 21, Saturday - August 22, Sunday wknd after Petting B-Day  
September 4, Saturday - September 5, Sunday Labor Day wknd  
September 18, Saturday - September 19, Sunday  
October 9, Saturday - October 10, Sunday Columbus Day wknd  
October 23, Saturday - October 24, Sunday  
November 13, Saturday - November 14, Sunday  
November 27, Saturday - November 28, Sunday  
December 24, Friday - December 25, Saturday X-mas Day wknd  
December 31, Friday - December/January 1, Saturday New Year's Day wknd

JOHN WAIHEE  
GOVERNOR



COPY

Robert A. Marks

~~XXXXXXXXXX~~

ATTORNEY GENERAL

Ruth Tsujimura

~~XXXXXXXXXX~~  
FIRST DEPUTY ATTORNEY GENERAL

STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL  
SOCIAL SERVICES DIVISION - HILO OFFICE  
101 AUPUNI STREET, SUITE 1014-D  
HILO, HAWAII 96720-4246  
TELEPHONE (808) 933-4786  
FAX (808) 933-4789

MEMORANDUM CORRESPONDENCE

TO: KRIS A. LaGUIRE, ESQ.  
CELIA A. URION, ESQ.  
STEVEN D. STRAUSS, ESQ.  
EDITH K. RADL, ESQ.  
PETER K. KUBOTA, ESQ.

FROM: ALEY K. AUNA, JR. *AKA*  
Deputy Attorney General

DATE: April 7, 1993

RE: In the Interest of The [REDACTED] /Kema [REDACTED];  
FC-S Nos. [REDACTED] and 91-48

This is to notify you in writing that the Review/Pretrial Hearing set for April 22, 1993 has been continued to Thursday, May 24, 1993 at 10:00 a.m., before the Honorable Ben H. Gaddis..

Should you have any questions, please feel free to contact me. Thank you.

AKA:mk

cc: The Honorable Ben H. Gaddis  
[REDACTED], DHS/CWS-II



NOTIFICATION OF DISPOSITION OF APPLICATION

To: Pete + Jaylene Kenna  
126 Peach St - Apt 119B  
1116 111 96730

2/5/93  
Date  
CPSS 11730  
4134315452  
Case No.

Cat. \_\_\_\_\_ Recipient \_\_\_\_\_  
Cat. \_\_\_\_\_ Recipient \_\_\_\_\_  
Cat. \_\_\_\_\_ Recipient \_\_\_\_\_

Dear Pete + Jaylene:

You have been determined:

1.  Eligible  Presumptively (Temporarily) eligible for \_\_\_\_\_ service effective 2/5/93 (Date)

a. W.H. - Support - Temp will be provided by (Type of Service(s))  
Family Support Services beginning 2/5/93 (Date)  
(POS Provider(s))

b. Monthly payment of \$ \_\_\_\_\_ for \_\_\_\_\_ (Type of Service) beginning \_\_\_\_\_ (Date) will be sent to \_\_\_\_\_ Payee (Optional)

You must send to the social worker a monthly bill or receipt from the service provider for all payments made if you make cash payments and want reimbursement.

Social services will be provided by \_\_\_\_\_ (Unit) \_\_\_\_\_ (Telephone)

2.  Ineligible for social services because \_\_\_\_\_ (Cite Specific Reason)  
\_\_\_\_\_ and Applicable Manual Sections)

Service Cost Payments being made while you were presumptively (temporarily) eligible end on \_\_\_\_\_ (Last Day)

3.  You requested withdrawal of your application for \_\_\_\_\_ (Service) on \_\_\_\_\_ (Date) MS 4025 b.3.

What to do if you do not agree with this decision:

- 1. You have the right to a Fair Hearing – a chance to tell the Fair Hearing Officer your side of the story. You must ask the Department for the hearing within 90 days of the date of this notice.
- 2. If you were presumptively (temporarily) eligible and request a Fair Hearing, no benefits will be paid pending the hearing decision. However, if the decision is in your favor, the Department will pay for costs incurred for services provided while the Fair Hearing request was pending and, on presentation of a bill or receipt for payment of Title XX services applied for, costs incurred from the date of application.

Worker

Unit

Telephone

NOTIFICATION OF DISPOSITION OF APPLICATION

Name: Mrs. Peter K...  
120... St - Apt 119B  
Hick, NY 14450

Date: 3/11/93  
Case No. 111 34315058

Cat. [Redacted] Recipient [Redacted]  
Cat. [Redacted] Recipient [Redacted]  
Cat. [Redacted] Recipient [Redacted]

Dear Peter & Joan:

It has been determined:

Eligible  Presumptively (Temporarily) eligible for service effective 3/11/93 (Date)

a. Home Support services will be provided by FSS (POS Provider(s)) beginning 3/11/93 (Date)

b. Monthly payment of \$... for... (Type of Service) beginning... (Date) will be sent to... (Payee (Optional))

You must send to the social worker a monthly bill or receipt from the service provider for all payments made if you make cash payments and want reimbursement.

Social services will be provided by... (Unit) ... (Telephone)

Ineligible for social services because... (Cite Specific Reason and Applicable Manual Sections)

Service Cost Payments being made while you were presumptively (temporarily) eligible end on... (Last Day)

You requested withdrawal of your application for... (Service) on... (Date) MS 4025 b.3.

What to do if you do not agree with this decision:

- 1. You have the right to a Fair Hearing - a chance to tell the Fair Hearing Officer your side of the story. You must ask the Department for the hearing within 90 days of the date of this notice.
- 2. If you were presumptively (temporarily) eligible and request a Fair Hearing, no benefits will be paid pending the hearing decision. However, if the decision is in your favor, the Department will pay for costs incurred for services provided while the Fair Hearing request was pending and, on presentation of a bill or receipt for payment of Title XX services applied for, costs incurred from the date of application.

[Redacted] Worker [Redacted] Unit CUS # - 72 [Redacted] Telephone

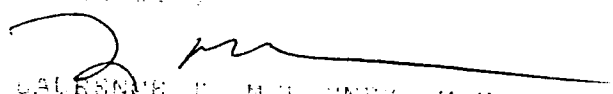
COPY

WORKING HEALTH CARE THE STATE DEPT OF HEALTH SER.  
DHS-PW-Hilo  
LAURENCE T. MCKINNEY, M.D.  
101 AUPUNI ST. SUITE 320  
HILO, HAWAII 96720  
'92 OCT -8 AM:09 (808) [REDACTED]

DATE: 9/23/92

TO WHOM IT MAY CONCERN:

Gaslie Keanu WAS SEEN IN MY OFFICE  
ON 9/23/92 DUE TO MEDICAL ILLNESS  
PATIENT WILL BE UNABLE TO RESUME WORK/SCHOOL UNTIL  
pregnancy is over. IF YOU HAVE ANY QUESTIONS,  
PLEASE CONTACT MY OFFICE.

SINCERELY,  
  
LAURENCE T. MCKINNEY, M.D.

MEMORANDUM/ROUTE FORM

State of Hawaii  
Department of Human Services

To: [REDACTED]

From: [REDACTED]

Date: 10/14/92

Subject: [REDACTED]

REMARKS:

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

[REDACTED] is of the opinion that she wasn't pd for 2/91 we checked - they were. I left message for them to call me on 10/9/92 - still haven't heard from them.

MEMORANDUM/ROUTE FORM

State of Hawaii  
Department of Human Services

To: [REDACTED] From: [REDACTED]

Date: 10/14/92 Subject: [REDACTED]

REMARKS:

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

[REDACTED] is of the opinion that she wasn't pd for 2/9/ We checked - they were. I left message for them to call me on 10/9/92 - Still haven't heard from them.

SOCIAL SERVICES FINANCIAL PLAN

Acol, Jaylin  
Case Name

K034315652  
Case. & No.

Effective Month and Year	I 8/91		II 9/91		III 10/91	
Specify Type of Service Cost Budgetted	✓one R Cash	I Amount	✓one R Cash	II Amount	✓one R Cash	III Amount
Foster Bd [redacted]		\$ 414.00		\$ 529		288
[redacted]		414.00		529		288
Peter		288		529		288
Total Service Cost Requirements & Payment		\$ 1,116.00				864.00
Cash Payment to: [redacted]		\$ 1,116.00		\$ 1,587.00		8.64
Supplementary Service Payment				9/91 \$ 218.00 clothing		10/91 \$ 282.23 clothing
EXPLANATIONS OF SERVICE ITEMS BUDGETED (ADDITIONAL SPACE FOR EXPLANATIONS ON BACK OF FORM)						
Examples:		I		II		III
Name of person for whom cost is approved; approval period:		[redacted] eff: 8/12/91		[redacted]		[redacted]
Days in week transportation is required; computations of costs or rates:		Peter - 8-16-91 Foster Bd \$18 per day Payment 23 [redacted] 414		Peter - Foster Bd 529 per mo x 3 \$ 1687		① 11/1/91 - 11/16/91 = 16 days x \$18.00 per day = \$288 [redacted] \$864.00
Name of child care facility; hours care is required.		Peter 16 days x2 x18 288 288 + 288 \$ 4116		[redacted]		[redacted]
Social Worker Authorizing Payment Date				8/28/91		11/19/91

PW 5 was rejected  
 exp 12/16/91

CASE NUMBER: 034315452  
 SUB. CAT.: 502  
 CASE NAME LAST: Acok  
 FIRST: ylin  
 MI: 504  
 NO. 1  
 NO. 70  
 NO. 506  
 507  
 DATE: 508  
 DATE: 509

SS REFERENCE NUMBERS: 511, 512  
 CENSUS TRACT: 206  
 RESIDENCE ADDRESS: King St  
 CITY: Keaukaha

AGE OF MALE ADULT: 511  
 FIRST: MI  
 IND.: 512  
 BIRTHDATE: 513  
 NO. OF PERSONS CHILD: 522  
 ADULT: 523  
 524  
 525  
 LAST REVIEW DATE: 515

AGE OF FEMALE ADULT: 517  
 FIRST: MI  
 IND.: 519  
 BIRTHDATE: 527  
 529  
 ACTION TAKEN TYPE REASON: 532, 533, 534  
 EFFECTIVE DATE: 08-21-91  
 535

GUARDIAN/PROTECTIVE PAYEE/OTHER TRA ADDRESS: [REDACTED]  
 IND.: 537  
 MAILING ADDRESS: [REDACTED]  
 CITY AND STATE: 539  
 ZIP CODE: [REDACTED]  
 540, 541

MEDICAL CARE ELIGIBILITY: 546  
 TERMINATION: 547  
 ARRIVED IN HAWAII DATE: 548  
 CITIZENSHIP ORIGIN: 549  
 550, 551, 552  
 HOLD DATE: 568  
 554, 555, 556, 557, 558, 559, 560, 561, 562, 563

**AUTHORIZATION TO CANCEL WARRANT**

WARRANT AMOUNT		WARRANT NUMBER				WARRANT DATE		
						MO.	DAY	YR.

**REASON FOR CANCELLATION (CHECK):**

- CHANGE IN MARITAL STATUS
- CHILD OUT OF HOME
- DEATH
- DECREASE IN NEEDS
- INCREASED INCOME
- EMPLOYMENT
- NO RECEIPT
- SUPPORT FROM RELATIVES
- HOSPITALIZED
- ADMITTED TO INSTITUTION
- LEFT THE STATE
- INELIGIBLE
- PAID BY RECIPIENT
- DUPLICATE PAYMENT
- MOVED TO ANOTHER ISLAND
- WHEREABOUTS UNKNOWN
- REMOVED FROM FOSTER CARE
- OTHER: \_\_\_\_\_

WORKER'S SIGNATURE: \_\_\_\_\_ SUPERVISOR'S (IF WORKER UNAUTHORIZED) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SERVICE COSTS FOR ADULT MALE**

REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE COST
658	659	660	661	662

**SERVICE COSTS FOR ADULT FEMALE**

REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE	SERVICE PAYMENT
663	664	665	666	667	1,116.00 668

AFC SPEC. CARE: 672  
 TRANS. ASST.: 675  
 ADULT MALE ELIG. EFF. DATE: 681  
 STATUS CAT.: 682  
 AFC SPEC. CARE: 688  
 TRANS. ASST.: 689  
 ADULT FEMALE ELIG. EFF. DATE: 696  
 STATUS CAT.: 696

WORKER'S SIGNATURE: [REDACTED] EMPLOYEE NUMBER: \_\_\_\_\_ DATE: 8/23-91  
 SUPERVISOR'S SIGNATURE: [REDACTED] EMPLOYEE NUMBER: \_\_\_\_\_ DATE: 8/27/91

1	2	3	4	5	6	7	8	9		
CASE NUMBER 034 315652	SUB. CAT.	CASE NAME LAST Acol,	FIRST Jaylin	MI 1	CO. NO. 70	UNIT NO. B	WORKER NO.	LOCATION RATE	ELIGIBILITY DATE	DATE OF LAST CHANGE

11	12	13	14	15	16	17	18	19	20	21
NAME LAST		FIRST	MI	SEX	RACE	BIRTH DATE		LIVING ARRANG.		
CHILD'S SOCIAL SECURITY ACCOUNT NUMBER		ESH		MEDICAL PLAN		IND.		ADDED OR REMOVED DATE		
23		24		25		26		A 08-23-91		
35	36	37	38	39	40	41	42	43		
CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CWFC	FOSTER AFFC	SPECIAL NEEDS	FOSTER CARE SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT. EFF. DATE		
			414.00				414.00	F 08-23-91		
46	47	48	49	50	51	52				
CHILD CARE TYPE		CHILD CARE TYPE								
57										

11	12	13	14	15	16	17	18	19	20	21
NAME LAST		FIRST	MI	SEX	RACE	BIRTH DATE		LIVING ARRANG.		
CHILD'S SOCIAL SECURITY ACCOUNT NUMBER		ESH		MEDICAL PLAN		IND.		ADDED OR REMOVED DATE		
23		24		25		26		A 08-23-91		
35	36	37	38	39	40	41	42	43		
CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CWFC	FOSTER AFFC	SPECIAL NEEDS	FOSTER CARE SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT. EFF. DATE		
			414.00				414.00	F 08-23-91		
46	47	48	49	50	51	52				
CHILD CARE TYPE		CHILD CARE TYPE								
57										

11	12	13	14	15	16	17	18	19	20	21
NAME LAST		FIRST	MI	SEX	RACE	BIRTH DATE		LIVING ARRANG.		
CHILD'S SOCIAL SECURITY ACCOUNT NUMBER		ESH		MEDICAL PLAN		IND.		ADDED OR REMOVED DATE		
23		24		25		26		A 08-23-91		
35	36	37	38	39	40	41	42	43		
CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CWFC	FOSTER AFFC	SPECIAL NEEDS	FOSTER CARE SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT. EFF. DATE		
			288.00				288.00	F 08-23-91		
46	47	48	49	50	51	52				
CHILD CARE TYPE		CHILD CARE TYPE								
57										

WORKER SIGNATURE: [Redacted] NUMBER: [Redacted] DATE: 8-23-91



June 17, 1992

To The Honorable Judge,

I have been through alot of periodic changes since [REDACTED] Peter Kema, Jr. were removed from my family unit due to threatened harm of abuse. But I want you to know that I began doing the services that is stated in the April 1, 1992 Service Plan.

I have attended a 7 week course of parenting classes with Family Support Services, and will be attending the next 7 week course of parenting classes. I've also been attending psychological therapy sessions with Dr. Christopher Barthel, and am still having therapy sessions. Also, I've kept phone contacts with [REDACTED] as well as try to physical contacts as often as I can. I also have been attending Women's Group with Alternative to Violence on a voluntary basis, and began attending Glad Tidings Church with Pastor Henry Kahalehili.

I know my parenting skills wasn't as good as I thought it was, and I do apologize for the harm that was done to my [REDACTED]

[REDACTED] Peter Jr. To the best of my knowledge, I really don't know how the fractures that was done to Peter Jr. came about. I know I didn't do the harm, and it was never ever intentional. But I know I did leave [REDACTED] unattended for a period less than 5 minutes, in which the harm could have happen then, and I do take the responsibility of the harm that was

done. I have learned alot with the help of the services that was offered, and I am seeking to continue in attending more of the parenting classes and any other services that is offered.

I do hope that with the services I've attended, [redacted] and Peter Kema, Jr. be reunited with me, with a status change to Family Supervision and stop permanent custody from following through. I will take the responsibility of protecting [redacted] from any harm and danger, as well as providing [redacted] with a safe home. I will also take the responsibility of transporting [redacted] to and from the doctor's office for routine and recommended medical care.

Please consider all aspects in my effort for [redacted] to be reunited to me.

Sincerely,

Mrs. Jaylene Kema

**STATE OF HAWAII**  
**REQUISITION & PURCHASE ORDER**  
**DEPARTMENT OF HUMAN SERVICES**

**FAMILY AND ADULT SERVICES - HAWAII BRANCH**

**Social Services**

ORGANIZATION

FUNCTION AND ACTIVITY

**NOTICE TO VENDORS**

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

**CHRISTOPHER E. BARTHEL, III, PH.D.**

**P.O. Box 1811**

**Kamuela, Hawaii 96743**

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

01908453

Date **08/06/92**

Deliver Before

**DELIVERY ADDRESS**

**BILLING ADDRESS**

Dept. of Human Services  
 Family & Adult Services Division  
 KH Child Welfare Services II (72)  
 P.O. Box 1562  
 Hilo, HI 96721-1562

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
		1) Psychological review and report on <del>_____</del> Case: Jaylin Kama (CASE #10788/K034315652)	7117	181.40	181.40
		2) Psychological review and report on <del>_____</del>	7117	84.50	84.50
		3) Psychological review and report on <del>_____</del>	7117	50.70	50.70

REQUISITIONER ~~\_\_\_\_\_~~ TELEPHONE ~~\_\_\_\_\_~~

VOUCHER NUMBER

AUTHENTICATED BY:

**East Hawaii**  
**Social Services Section Administrator**  
 AUTHORIZED SIGNATURE

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY \_\_\_\_\_ DATE \_\_\_\_\_

REQUISITION NO.

FOR DEPARTMENT USE ONLY

VENDOR

NUMBER SFX  
 XXXXXXXXXXXX XX

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
01	621	G	93	101	K	7117	8512			100	101 40	101 40			K034315652/20-22
02	621	G	93	101	K	7117	8512			100	84 50	84 50			T034259666/20
03	621	G	93	101	K	7117	8512			100	50 70	50 70			T031018301/20

Christopher E. Barthel, III, Ph. D.  
P. O. Box 1811  
Kamuela, Hawaii 96743  
July 2, 1992

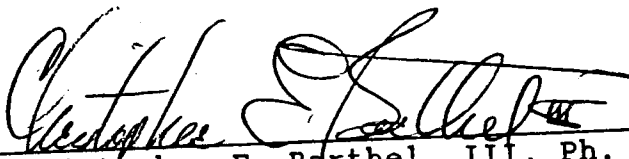
[REDACTED]  
Hawaii Branch Administrator  
Attention: [REDACTED], Social Worker  
Family and Adult Services Division  
P. O. Box 1562  
Hilo, Hawaii 96721-1562

Re: [REDACTED] & Kema [REDACTED]  
FC-S No. [REDACTED] 91-48

For report for hearing, as follows:

Review and report-writing,  
1.5 hours @\$65/hour.....\$97.50  
4% tax..... 3.90  
Total balance due.....\$101.40

THANK YOU

  
Christopher E. Barthel, III, Ph. D.  
Psychologist, Licensed Hawaii

Family & Adult Svs. Div. - Hawaii Branch	
P.O. No.	01908453
Date Goods Rec'd	7/7/92
Date Inv. Rec'd	7/7/92
Date Inv. Sett. [?]	8/6/92
P.O. Compl.	<input checked="" type="checkbox"/> Incompl.
I certify the satisfactory receipt of goods and services of [REDACTED]	
[REDACTED] Signature	



# Alternatives To Violence: East Hawaii

P.O. Box 10448 • Hilo, Hawaii 96721-5448 • (808) 969-7798 • Fax 961-3202

TO: [REDACTED]  
CPS

FROM: LE ANN MADDOX  
ALTERNATIVES TO VIOLENCE

DATE: JULY 20th 1992

FC-S # [REDACTED]

SUBJECT: JAYLIN KEMA PARTICIPATION IN GROUP

FC-S # 91-48

\*\*\*\*\*

### PROGRESS REPORT

NAME: JAYLIN KEMA  
ADDRESS: PO BOX 10742  
HILO, HAWAII 96721-5742  
PHONE: 959-9019  
REFERRAL DATE: 4/6/92

\*\*\*\*\*

JAYLIN KEMA has completed;  The Intake Process  
 Ten two hour Sessions of Women's Support Groups

\*\*\*\*\*

### COMMENTS:

JAYLIN HAS COMPLETED HER 10 WEEKS. SHE HAS PARTICIPATED AND PROVIDED OTHER WOMEN WITH SUPPORT. IF YOU HAVE ANY FUTHER QUESTIONS PLEASE CONTACT THIS OFFICE.

*Lee Ann Maddox*

HAWAII STATE EMPLOYMENT SERVICE

EMPLOYMENT CAPACITIES REPORT - MENTAL STATUS

NAME	<u>Jaylin Kema</u>	DATE OF REQUEST	<u>6/18/92</u>
BIRTH DATE	<u>4/10/70</u>	OCCUPATIONAL TITLE & CODE	<u>Clerical</u>
STATED DISABILITY	<u>Depression, affective disorder</u>		
EMPLOYMENT INTERVIEWER	<u>Ivey Maertens</u>	LOCAL OFFICE	<u>4/10</u>

PSYCHIATRIC INFORMATION

(Including Mental Retardation)

DIAGNOSIS OR TYPE OF DISORDER adjustment reaction with mixed emotional features overlying major depression

POSSIBLE ORIGIN CLS removal [redacted], marital issues

Date of Initial Onset 6/91 I.Q., if known \_\_\_\_\_ How Determined \_\_\_\_\_

Hospitalization and/or Treatment in past 5 to 10 years (dates, locations):  
no psychiatric hospitalizations but psychotherapy with me since 8/91.

PROGNOSIS (including tentative): fair

Additional Treatment recommended: continued individual and marital counseling, parenting

Interpretation of psychiatric findings, including effects of disability on behavior:  
de-engaged, sometimes confused and without follow-through, hard to concentrate

PERTINENT PERSONALITY FACTORS (aptitudes, interest, temperament): easily hurt and saddened, easily distracted by troubles but wants more focus, more positive adjustment, wants family together.

If the factors listed below are pertinent, please make any comments which may be either favorable or unfavorable for satisfactory job adjustment:

- 1. Noise \_\_\_\_\_
- 2. Working speed \_\_\_\_\_
- 3. Mechanical hazards \_\_\_\_\_
- 4. Repetitive operations \_\_\_\_\_
- 5. Simple tasks, direct instructions \_\_\_\_\_
- 6. Variety of tasks \_\_\_\_\_
- 7. Supervision - degree \_\_\_\_\_
- 8. Responsibility for decisions may be affected by depression
- 9. Responsibility for others \_\_\_\_\_
- 10. Working alone \_\_\_\_\_
- 11. Working around and/or with others \_\_\_\_\_
- 12. Public contact \_\_\_\_\_
- 13. Stresses, pressures should be gradually minimized till she becomes stronger more confident
- 14. Reliability for continued effort highly depressed. hard if she remains
- 15. Day, night, or part-time work \_\_\_\_\_
- 16. Other conditions \_\_\_\_\_

Is applicant able to work? Yes  No  If yes, full-time  or part-time

Is return to previous occupation recommended? no previous occupation that was patterned.

Additional remarks and/or recommendations: Japan needs to build esteem feelings of success, have — then she ought to do O.K.

Signature Chuterker E. Barthelet  
 Title Psychologist  
 Address P.O. Box 1811  
Kamuela, HI 96743  
 Telephone 775-9147; 961-2525  
 Date 06/29/92

**HAWAII STATE EMPLOYMENT**

777 Kilauea Avenue  
Hilo, Hawaii 96720

June 18, 1992

TO: CPS

FROM: Ivey Maertens, Employment Specialist

RE: Jaylin Kema

On June 16, 1992, Jaylin contacted me by telephone to inquire about the JTPA Job Training Program. On June 18, 1992 an assessment was conducted and a report from her doctor has been requested in regards to employment capacities.





HAWAII ISLAND YWCA  
FAMILY SUPPORT  
SERVICE

c/o HILO HOSPITAL  
1190 WAIANUENUE AVE.  
HILO, HAWAII 96720

# Certificate of Achievement

AWARDED TO:

Jaylin Kama

FOR PARTICIPATION IN \_\_\_\_\_ T.O.O.L.S. CLASSES

(TEACHING THE OHANA OPPORTUNITIES FOR LOVING AND SHARING)

INSTRUCTOR

Maria De la Santos DATE: 6-9-92