

JOHN WAIHEE
GOVERNOR



WINONA E. RUBIN
DIRECTOR

LYNN N. FALLIN
DEPUTY DIRECTOR

LESLIE S. MATSUBARA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Family and Adult Services Division
P.O. Box 1562
Hilo, Hawaii 96721-1562
Telephone: [REDACTED]

December 26, 1991

When replying, please address
to Hawaii Branch Administrator

Mr. Neil Gyotoku, Manager
Hawaii Housing Authority
600 Wailoa Street
Hilo, Hawaii 96720

ATTN: Cathy Kaizuka

Dear Mr. Gyotoku:

This letter is in response to Ms. Kaizuka's request for information concerning the reunification of the three [REDACTED]/Kema children with mother, Jaylin Acol, and Mr. Kema.

The Department of Human Services (DHS) does have an active Service Plan on the family with the goal of reunification. If or how soon this goal will be reached is a matter for speculation. Part of the parents' immediate responsibility toward that goal is to maintain stable housing.

Please feel free to contact me should you require further information concerning this family. I will also inform you should changes in the situation impact on the family's housing needs.

Sincerely,

[REDACTED]

[REDACTED] Social Worker
Child Welfare Services Unit II

[REDACTED]

DEPT. OF HUMAN SERVICES
Family & Adult Services Division

DEC 26 1991
EH Social Services Section
Hilo, Hawaii

Edith Kawai Radl
Attorney At Law

Suite 260 Post Office Box 111333
Kamuela, Hawaii 96743-0050
(808) 885-0788

20 December 1991

[REDACTED] SW
State of Hawaii
Department of Human Services
Family and Adult Services Division
P O Box 1562
Hilo, HI 96720

Re: FC-S Nos. [REDACTED] and 91-48/[REDACTED]/ Kema Kids

Dear [REDACTED]:

Thanks very much for the draft form of the Service Plan which came out of the meeting of December 11, 1991. On review, it seems to me that the proposed plan does accurately reflect the issues and agreements the parties worked out. I only have a couple of minor questions:

1. P. 1: On August 11, 1991..Should note that the children were placed out of the home on this date.
2. IV A. 2. a.: State clearly that the parents are not to discuss or arrange any visits with children or withint the hearing of the children.
3. IV A. 2. e.: delete "hopefully" and replace with "at least" ...so that parents no one has to interpret "hopefully".

As you can see, those were relatively minor points. Thanks for all of your work. Please call if there are comments.

Regards,

Edith Kawai Radl
EDITH KAWAI RADL

CASE & LYNCH

ATTORNEYS AT LAW

A PARTNERSHIP INCLUDING LAW CORPORATIONS

CASE & LYNCH BUSINESS CENTER

460 KILAUEA AVENUE

HILO, HAWAII 96720

TELEPHONE: (808) 961-6611

FACSIMILE: (808) 961-4962

FOUNDED 1888

W. O. SMITH (1848-1929)

C. DUDLEY PRATT (1900-1970)

December 19, 1991

DANIEL H. CASE *
PAUL A. LYNCH *
GARY L. WIXOM *
ROBERT E. BETHEA
VALTA A. COOK
JAMES M. CRIBLEY *
WESLEY W. ICHIDA *
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CATHERINE H. LESICA

DEPT. OF HUMAN SERVICES
Family & Adult Services Division
DEC 13 1991
EH Social Services Section
Hilo, Hawaii

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COUNSEL
HARTWELL H. K. BLAKE
ALAN S. KONISHI
CANDACE MCCASLIN
THOMAS D. WELCH, JR.

MICHAEL J. BELLES
MALVIN D. DOHRMAN
ROBERT A. RICHARDSON

OF COUNSEL
ALLEN M. STACK
WARREN J. SENDA

* A LAW CORPORATION

HONOLULU OFFICE:
SUITE 2600 MAUKA TOWER
GROSVENOR CENTER
737 BISHOP STREET
HONOLULU, HAWAII 96813
TELEPHONE: (808) 547-5400
CABLE: LOIO
TELEX: 7238523
FACSIMILE: (808) 523-1920

LIHUE OFFICE:
WATUMULL PLAZA
4334 RICE STREET, SUITE 202
LIHUE, KAUAI, HAWAII 96766-1388
TELEPHONE: (808) 245-4705
FACSIMILE: (808) 245-3277

MAUI OFFICE:
THE KAHULUI BUILDING
33 LONO AVENUE, SUITE 470
KAHULUI, MAUI, HAWAII 96732-1681
TELEPHONE: (808) 871-8351
FACSIMILE: (808) 871-0732

KONA OFFICE:
HANAMA PLACE
75-5706 KUAKINI HIGHWAY, SUITE 101
KAILUA-KONA, HAWAII 96740
TELEPHONE: (808) 329-4421
FACSIMILE: (808) 329-4508

KILAUEA OFFICE:
KONG LUNG CENTER
KILAUEA LIGHTHOUSE ROAD
KILAUEA, KAUAI, HAWAII 96754
TELEPHONE: (808) 828-2890
FACSIMILE: (808) 828-2114

Social Worker
Department of Human Services
Family and Adult Services Division
75 Aupuni Street
Hilo, Hawaii 96720

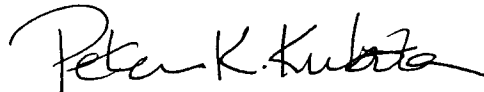
Re: In the Interest of [REDACTED]
and Peter Kema, Jr.

Dear [REDACTED]:

I have reviewed your draft of a Service Plan and Agreement dated December 13, 1991. I think that it is very clear and explicit as to the telephone and personal visitation with the children. I have no objections to entry as drafted, and I will forward it to my clients for their review and comments. I will further advise you if they require any changes.

Very truly yours,

CASE & LYNCH



Peter K. Kubota

PKK:bb 20921-1 2823b

CC: [REDACTED] w/enc.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Family and Adult Services Division
P.O. Box 1562
Hilo, Hawaii 96721-1562
Telephone: (808) [REDACTED]

December 18, 1991

[REDACTED]
[REDACTED]
[REDACTED]
Dear [REDACTED]:

This is a brief note concerning visits and contacts between [REDACTED], Peter Jr., and Jaylin and Peter. We are trying to set some goals that are reachable to begin with for Jaylin and Peter, and contact with the children is, of course, part of that.

The attorneys and I have agreed that Jaylin and Peter need to focus on the basics of housing, transportation, food, and employment for the next two or three months. Their actual visits with the children will likely be limited because of this priority.

In order to ease the anxieties of the children, and to maintain what contact we can, we have agreed that telephone contact can be frequent, even daily. The limits are the contact will be in the evenings between 5:30 and 7:30 p.m., for a brief three to five (3-5) minutes for the kids, no more than once per day, and clearly indicate when it is time to converse with the children or with the adults.

As we discussed earlier, Jaylin and Peter must call you at least 24 hours ahead to arrange a visit in Kona. The visit needs to "fit" with your work and family schedule. You are not expected to drop everything to accommodate a visit. When the children are going to be in Hilo, you must inform Jaylin and Peter when they call you, so they will have an opportunity to arrange a visit with the children in Hilo. This includes any visits with [REDACTED] who may choose to offer some visiting time at the bowling alley, or the mall, etc.

The opportunity to visit in Hilo will likely be important for the children, because it is not likely Peter and Jaylin will be able to get to Kona with any regularity for the next three months. This does not mean you are expected to bring the children to Hilo, but rather if you bring them when you come to Hilo, the parents' need time to arrange a visit while they are here.

[REDACTED]
December 18, 1991
Page 2

A Service Plan which is clearer than this letter, is being considered by the attorneys and the parents. As soon as they say its okay, I will send you a copy.

Sincerely,

[REDACTED]
[REDACTED], SW
Child Welfare Services Unit II

Approved by:

[REDACTED]
[REDACTED] Supervisor
Child Welfare Services Unit II

[REDACTED]

State of Hawaii
Department of Human Services
Family and Adult Services Division
Telephone: (808) [REDACTED]

REFERRAL FORM

To [REDACTED], SW
West Hawaii-Case Management Unit

By [REDACTED], SW
East Hawaii-Child Welfare Services II

Re [REDACTED]
Peter Kema Jr. FC-S No. [REDACTED]
FC-S No. 91-48

Date December 17, 1991

Remarks:

I have enclosed the draft of a Service Plan concerning [REDACTED]. I attempted to reflect the agreements reached among the parties on December 11, 1991. I would appreciate your comments, additions, and/or revisions. I would like to have a final version prepared to enter by stipulation by December 31, 1991, if possible.

[REDACTED]
[REDACTED] SW
Child Welfare Services Unit II

[REDACTED]
Enclosure

- cc: Aley Auna, DAG
William Smith, Esq.
Celia Urion, Esq.
Peter Kubota, Esq.
Steven Strauss, Esq.
Edith Radl, GAL

Reply not needed
 Please reply

State of Hawaii
Department of Human Services
Family and Adult Services Division
Telephone: (808) [REDACTED]

REFERRAL FORM

To Edith Radl, Gardian ad Litem Date December 16, 1991
P.O. Box 111333, Ste. 260, Kamuela, HI

By [REDACTED], SW
Child Welfare Services II

Re [REDACTED] FC-S No. [REDACTED]
Peter Kema Jr. FC-S No. 91-48

Remarks:

I have enclosed the draft of a Service Plan concerning these children. I attempted to reflect the agreements reached among the parties on December 11, 1991. I would appreciate your comments, additions, and/or revisions. I would like to have a final version prepared to enter by stipulation by December 31, 1991, if possible.

[REDACTED]
[REDACTED], SW
Child Welfare Services Unit II

[REDACTED]

Enclosure

cc: Aley Auna, DAG
William Smith, Esq.
Celia Urion, Esq.
Peter Kubota, Esq.
Steven Strauss, Esq.
[REDACTED], SW

Reply not needed
 Please reply

State of Hawaii
Department of Human Services
Family and Adult Services Division
Telephone: (808) [REDACTED]

REFERRAL FORM

To Steven Strauss, Counsel for Peter Kema Sr. Date December 17, 1991
Delivery to Court Jacket

By [REDACTED] SW
Child Welfare Services II

Re [REDACTED] FC-S No. [REDACTED]
Peter Kema Jr. FC-S No. 91-48

Remarks:

I have enclosed the draft of a Service Plan concerning these children. I attempted to reflect the agreements reached among the parties on December 11, 1991. I would appreciate your comments, additions, and/or revisions. I would like to have a final version prepared to enter by stipulation by December 31, 1991, if possible.

[REDACTED]
[REDACTED] SW
Child Welfare Services Unit II

[REDACTED]
Enclosure

cc: Aley Auna, DAG
William Smith, Esq.
Celia Urion, Esq.
Peter Kubota, Esq.
Edith Radl, GAL
[REDACTED], SW

Reply not needed
 Please reply

State of Hawaii
Department of Human Services
Family and Adult Services Division
Telephone: (808) [REDACTED]

REFERRAL FORM

To Peter Kubota, Counsel for [REDACTED] Date December 17, 1991
Delivery to Court Jacket

By [REDACTED]
Child Welfare Services II

Re [REDACTED] FC-S No. [REDACTED]
Peter Kema Jr. FC-S No. 91-48

Remarks:

I have enclosed the draft of a Service Plan concerning these children. I attempted to reflect the agreements reached among the parties on December 11, 1991. I would appreciate your comments, additions, and/or revisions. I would like to have a final version prepared to enter by stipulation by December 31, 1991, if possible.

[REDACTED]
[REDACTED], SW
Child Welfare Services Unit II

[REDACTED]
Enclosure

cc: Aley Auna, DAG
William Smith, Esq.
Celia Urion, Esq.
Steven Strauss, Esq.
Edith Radl, GAL
[REDACTED], SW

- Reply not needed
 Please reply

State of Hawaii
Department of Human Services
Family and Adult Services Division
Telephone: (808) [REDACTED]

REFERRAL FORM

To Celia Urion, Counsel for [REDACTED] Date December 16, 1991
P.O. Box 111333, Ste. 226, Kamuela, HI

By [REDACTED] SW
Child Welfare Services II

Re [REDACTED] FC-S No. [REDACTED]
Peter Kema Jr. FC-S No. 91-48

Remarks:

I have enclosed the draft of a Service Plan concerning these children. I attempted to reflect the agreements reached among the parties on December 11, 1991. I would appreciate your comments, additions, and/or revisions. I would like to have a final version prepared to enter by stipulation by December 31, 1991, if possible.

[REDACTED]
[REDACTED], SW
Child Welfare Services Unit II

[REDACTED]
Enclosure

cc: Aley Auna, DAG
William Smith, Esq.
Peter Kubota, Esq.
Steven Strauss, Esq.
Edith Radl, GAL
[REDACTED], SW

Reply not needed

Please reply

State of Hawaii
Department of Human Services
Family and Adult Services Division
Telephone: (808) [REDACTED]

REFERRAL FORM

To William Smith, Counsel for Ms. Acol Date December 16, 1991
Delivery to Court Jacket

By [REDACTED], SW
Child Welfare Services II

Re [REDACTED] FC-S No. [REDACTED]
Peter Kema Jr. FC-S No. 91-48

Remarks:

I have enclosed the draft of a Service Plan concerning these children. I attempted to reflect the agreements reached among the parties on December 11, 1991. I would appreciate your comments, additions, and/or revisions. I would like to have a final version prepared to enter by stipulation by December 31, 1991, if possible.

[REDACTED]
[REDACTED], SW
Child Welfare Services Unit II

[REDACTED]
Enclosure

cc: Aley Auna, DAG
Celia Urion, Esq.
Peter Kubota, Esq.
Steven Strauss, Esq.
Edith Radl, GAL
[REDACTED], SW

- Reply not needed
 Please reply

DRAFT

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Family and Adult Services Division

SERVICE PLAN AND AGREEMENT

Date: December 13, 1991

Child's name: [REDACTED] DOB: [REDACTED] FC-S No.: [REDACTED]
[REDACTED] [REDACTED]
Peter Kema, Jr. 05/01/91 91-48

This Service Plan and Agreement is between Ms. Jaylin Acol, mother, Mr. Peter Kema, Sr., father of Peter Kema, Jr., and the Department of Human Services (DHS).

I. REASON FOR AGENCY INVOLVEMENT:

On May 8, 1991, a report of physical abuse to [REDACTED] and [REDACTED] was received by Child Protective Services in Kona. Subsequent investigation confirmed physical abuse to [REDACTED], and identified Ms. Acol's paramour and the father of Peter Kema, Jr., as the perpetrator of harm to [REDACTED] and [REDACTED]. The physical abuse appeared to be "over discipline" which occurred while mother, Jaylin Acol, was hospitalized with the birth of her third child, Peter Jr.

[REDACTED] and [REDACTED] were placed out of the family home on May 8, 1991, and subsequently returned on June 26, 1991. Continuing assessment of the family's needs indicates significant stress on a young, relatively inexperienced family, which continues a threat of harm to the children.

On August 11, 1991, Peter Kema, Jr. was admitted to Hilo Hospital with multiple fractures of varying ages. The explanations offered by Ms. Acol and Mr. Kema did not satisfactorily explain the injuries.

This Service Plan and Agreement is intended to reduce the family stress and the risk of harm to the children, and work toward reunification of the children with the family. Justification for the services addressed in this plan are contained in the Safe Home Guidelines dated May 14, 1991, June 26, 1991, and August 17, 1991.

II. GOAL:

The primary goal is to reunite the children with their parents in a safe family home.

The secondary goal is to provide the children with a safe, stable, nurturing, alternative permanent family home.

The immediate goal is to attain the parents' financial stability, and maintain a home available for reunification efforts.

III. OBJECTIVES:

TO GAIN EMPLOYMENT SUFFICIENT TO MAINTAIN HOUSING AND TRANSPORTATION

TO DEMONSTRATE BUDGET, RESOURCE, AND TIME MANAGEMENT SKILLS SUFFICIENT TO MAINTAIN HOUSING, TRANSPORTATION, FOOD AND CONTACT WITH THE CHILDREN

TO LEARN AND DEMONSTRATE APPROPRIATE INTERPERSONAL/RELATIONSHIP SKILLS

TO DEMONSTRATE AN ADEQUATE UNDERSTANDING OF THE CHILDREN'S NEEDS FOR ROUTINE, PREDICTABLE, POSITIVE CONTACT

TO DEVELOP AND DEMONSTRATE SELF ESTEEM, INDEPENDENCE AND COPING SKILLS SUFFICIENT TO MAINTAIN A STABLE ENVIRONMENT

IV. SPECIFIC STEPS TO ACHIEVE OBJECTIVES/RESPONSIBILITIES OF THE PARTIES:

A. **Mr. Peter Kema, father, and Ms. Jaylin Acol, mother will:**

1. Seek and maintain employment.
 - a. Make enough money together to pay rent, utilities and other essential bills on time by the review date of February 12, 1992.
2. Maintain contact with the children by:
 - a. Telephone calls to the children between 5:30 and 7:30 pm, at least 3 to 4 times per week. One call per day is acceptable. More calls

than one per day is not acceptable, and calls to the work place of [REDACTED] are not acceptable except in extreme emergency (auto accident, hospitalization, arrest, etc.)

- b. Each call should have an identified purpose i.e. "Hello [REDACTED] I'd like to talk with [REDACTED] and [REDACTED] for 3 minutes each, then talk with [REDACTED] about arranging a visit, if you have the time."
- c. Each call to the children should be short (2 to 5 minutes, an oven timer may be used as a time reminder) and positive (the caretakers may interrupt or end a call if the children become upset).
- d. Conversations between the parents and the [REDACTED] concerning visits or problems or disagreements, etc., should be separated from contact with the children. [REDACTED] and [REDACTED] should not overhear or be affected by the adult conversations.
- e. Visiting the children:
 - 1. After at least 24 hours notice in order to arrange visiting, supervision, etc.
 - 2. With the supervision of a responsible adult at all times. ([REDACTED] if in Kona. [REDACTED] may supervise if in Hilo)
 - 3. If in Kona, time, length and location of visit must be arranged with [REDACTED]. As both foster parents work, their schedules must be considered.
 - 4. If the child(ren) are coming to Hilo, [REDACTED] will inform the parents as soon as possible, hopefully 24 hours in advance, to offer an opportunity for the parents to arrange a visit while the children are in Hilo.
- f. Visiting with the children is for the purpose of reducing the children's anxieties about their parents, and maintaining a predictable, ongoing, nurturing relationship between child and parent. Visits, and telephone contact, are at the discretion of the DHS, and may be

increased, decreased, suspended, or otherwise changed by the DHS to meet the children's needs, or to protect them.

3. **Participate in counselling with Dr. Kit Barthel, PhD.:**
 - a. Attend and participate in counselling as arranged by therapist.
 - b. Not miss any sessions without express approval of the therapist.
 - c. Recommended focus of treatment to include:
 1. Joint decision making skills;
 2. Learning to respect each other's views and positions;
 3. Active listening;
 4. Agreed upon parenting/child management techniques and limits;
 5. Treatment of biological vs. step children;
 6. Trust, jealousy;
 7. Possibility of symptoms of post partum depression for Ms. Acol;
 8. Anger management techniques (commonly provided through groups such as Alternatives to Violence);
 9. Other areas as assessed by therapist and agreed to by DHS and the GAL.
 - d. Continue in treatment until clinically discharged, or by order of the court.
 - e. Provide the DHS with written verification of attendance and participation in counselling, as requested by the DHS.
 - f. Demonstrate to the satisfaction of the DHS, the therapist, and the GAL an adequate

understanding and utilization of the skills developed in counselling.

4. **Maintain an environment free from substance abuse.**
 - a. Agree to random urinalysis if requested by both the DHS and the GAL, based on behavioral observations and/or sufficient collateral information to suspect substance abuse which may be impairing the parents' ability to provide a safe environment for the children.
5. **Not use any physical discipline with the children.**
6. **Maintain regular contact with the DHS to discuss problems and progress with this service plan.**
 - a. Contact the assigned DHS social worker at least every other week, by phone or in person.
 - b. Advise the DHS social worker of any major changes, such as **address, phone number**, who lives in the home, medical problems, arrests, etc. within 48 hours of their occurrence.
7. **Allow the DHS access to such medical, psychiatric, and psychological information as is considered necessary to arrange appropriate services, and as ordered by the court.**

B. The DHS will:

1. Monitor problems and progress with this service plan by maintaining contact, verbal, written, or face to face, with the service providers.
2. Maintain regular contact with family members through visits, phone calls, and collateral contacts.
3. Arrange other services as necessary, in consultation with the GAL.

4. Assess the effectiveness and utilization of services provided.
5. Maintain regular contact with the children and the foster parent to assure appropriate care for the children, and appropriate support for the foster parent.

V. SPECIFIC STEPS TO ACHIEVE OBJECTIVES/RESPONSIBILITIES OF THE FOSTER PARENTS/CARETAKERS:

- A. Maintain confidentiality with regards to the children's family and the abuse they have suffered, as far as you are able.
- B. Continue to transport [REDACTED], [REDACTED], and Peter Jr. to and from the doctor's office for routine and recommended therapy or examinations.
- C. Encourage [REDACTED] and [REDACTED] to communicate with Jaylin and Peter by visiting, writing, phone calls, pictures, etc. subject to the approval of the DHS social worker in consultation with the GAL if necessary.
- D. Continue to establish clear rules for [REDACTED] and [REDACTED] and follow up with fair and consistent positive and negative consequences.
- E. Continue to keep the Social Worker informed of any changes and new developments in the children's situation.
- F. Provide and monitor visits, as approved by the DHS and the GAL, so far as you are able; so long as this does not present a danger to the children or your family.
- G. Continue to provide positive role modeling.
- H. Maintain a neutral and fair attitude with respect to the issue of reunification or permanency planning.
- I. Continue the visits between [REDACTED], [REDACTED] and their father [REDACTED]

VI. ANCILLARY RESOURCES:

- A. Dr. Kit Barthel, PhD.

1. Provide ongoing couples, individual, and/or family therapy as outlined above.
2. Provide reports, written and/or verbal, concerning the progress and participation of the parties, as requested by the DHS.

VII. CONSEQUENCES:

- A. YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS CONCERNING THE CHILD OR CHILDREN WHO ARE SUBJECT OF THIS SERVICE PLAN MAY BE TERMINATED BY AN AWARD OF PERMANENT CUSTODY IF YOU FAIL TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS SERVICE PLAN.
- B. If Ms. Jaylin Acol and Mr. Peter Kema Sr. substantially comply with their responsibilities to provide [REDACTED], [REDACTED], and Peter Kema, Jr. with a safe family home as are set forth in this service plan, the DHS will consider recommending a revised Service Plan addressing the reunification of the children in the home, or the recommendation of returning of the children to home and a change of status to Family Supervision.
- C. If Ms. Jaylin Acol and/or Mr. Peter Kema, Sr. do not substantially comply with their responsibilities to provide [REDACTED], and Peter Kema, Jr. with a safe family home as are set forth in this service plan, the DHS may take or recommend such action as is deemed necessary to protect the children, including, but not limited to: recommendation of a revised service plan continuing Foster Custody, a recommendation of contempt of court, or a recommendation of Permanent Custody.

IX. SERVICE PLAN REVIEW DATE:

This Service Plan shall be in effect until March 4, 1992.

X. SERVICE AGREEMENT:

The undersigned have read the foregoing Service Plan and Agreement and understand and agree to each and every term and condition stated herein.

Jaylin Acol Date
Mother

[Redacted] Date
Social Worker

Peter Kema Sr. Date
Father of Peter Kema Jr.

I certify I have reviewed this document.

[Redacted] Date
Supervisor

Representing the Department
of Human Services

STATE OF HAWAII REQUISITION & PURCHASE ORDER

DEPARTMENT OF HUMAN SERVICES

FAMILY & ADULT SERVICES - HAWAII BRANCH
ORGANIZATION

Social Services
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.

JOHN L. WINGERT, Ph.D.

1073 Kamehame Drive

Honolulu, Hawaii 96825

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.

PURCHASE ORDER NO.	21219670	
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Date 12/02/91
Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

Dept. of Human Services
Family & Adult Services Division
EH Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Psychological evaluation of [REDACTED]	7110	\$353.60	
	2)	Psychological evaluation of [REDACTED]	7110	353.60	
	3)	Psychological evaluation of Jaylin Acol Case: Jaylin Acol/CPSS #10780	7110	353.60	
	4)	Psychological evaluation of Peter Kema Case: Jaylin Acol/CPSS #10780	7110	353.60	

REQUISITIONER

TELEPHONE

VOUCHER NUMBER

AUTHENTICATED BY:

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY _____ DATE _____

Social Services Section Administrator

REQUISITION NO.	
VENDOR	
NUMBER	SFX
XXXXXXXXXXXX	XX

FOR DEPARTMENT USE ONLY

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXXXXXXXXXXX	XX	XXXX	XXXX	XXXXXXXXXXXX
01	621	G	92	101	K	7110	8512			300	353 60				CPSS #989
02	621	G	92	101	K	7110	8512			300	353 60				CPSS #989
03	621	G	92	101	K	7110	8512			300	353 60				CPSS #10780
04	621	G	92	101	K	7110	8512			300	353 60				CPSS #10780

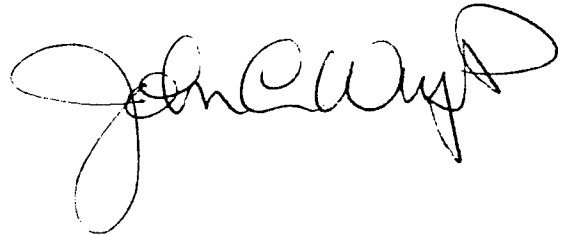
JOHN L. WINGERT, Ph.D.
1073 Kamehame Drive
Honolulu, Hawaii 96825


November 6, 1991

DHS-CPS/Hilo

STATEMENT OF PROFESSIONAL SERVICES:

10-31-91	Psychological Evaluation of JAYLIN ACOL Four hours @ \$85.00/hour	\$340.00
10-31-91	Psychological Evaluation of PETER KEMA Four hours @ \$85.00/hour	\$340.00
	Tax	27.20
	TOTAL DUE	\$707.20



Family & Adult Svs. Div. - Hawaii Branch	
P.O. No.	21219670
Date Goods Rec'd	10/31/91
Date Inv. Rec'd	11/12/91
Date Inv. Sent to FIS	12/04/91
P.O. Compl.	<input checked="" type="checkbox"/> Incompl. <input type="checkbox"/>
I certify the satisfactory receipt of goods and services:	
	
Signature	

Rec

HAWAII DEPARTMENT OF SOCIAL SERVICES AND HOUSING
SOCIAL SERVICES PAYMENT - FORM A

RED

SUB. CAT. CASE NAME LAST FIRST MI CD. NO. UNIT NO. WORKER NO. ACTIVE GRANT

502 503 JAYLIN 504 505 506 177

DATE OF LAST CHANGE 11-2

IF MALE ADULT 511 FIRST MI IND. 512 BIRTHDATE 513 514 RESIDENCE ADDRESS 515 CITY KEAUKAHA

NAME OF FEMALE ADULT 517 519 BIRTHDATE 527 529 04-10-70 MAILING ADDRESS 531 538 CITY AND STATE 535 534 535 12 ZIP CODE 54

WARDIAN/PROTECTIVE PAYEE/OTHER

Accol, Jaylin

ACTION TAKEN TYPE REASON EFFECTIVE DATE 11-19

AUTHORIZATION TO CANCEL WARRANT

HOLD DATE
0888
568 #

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 _____

FEES COSTS FOR ADULT MALE

IDENTIFICATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE COST
658		659	660	662

SERVICE COSTS FOR ADULT FEMALE

REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE
663	664	665	666	667

SERVICE PAYMENT
1587.00
688 287.00

AFC SPEC. CARE
672

TRANS. ASST.
000
675

AFC SPEC. CARE
686

TRANS. ASST.
000
689

ADULT MALE ELIG. EFF. DATE STATUS CAT.
681 682

ADULT FEMALE ELIG. EFF. DATE STATUS CAT.
695

HAWAII DEPARTMENT OF SOCIAL SERVICES AND
SOCIAL SERVICES - FORM B

ING

PROG. TYPE 0	CASE NUMBER 1 134215001	SUB. CAT. 2	CASE NAME LAST 3 ACCL	FIRST 4 JAYLIN	MI 5	SEX 6	RACE 7	BIRTH DATE 8
-----------------	----------------------------	----------------	--------------------------	-------------------	---------	----------	-----------	-----------------

DATE OF LAST CHANGE 9

F.M. NAME LAST 10 [REDACTED]	FIRST 11 [REDACTED]	MI 12	SEX 13	RACE 14	BIRTH DATE 15
---------------------------------	------------------------	----------	-----------	------------	------------------

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER 22 [REDACTED]	TITLE XX ESH 23 2	24	25
---	----------------------	----	----

ADDED OR REMOVED DATE 32	33
-----------------------------	----

CHILD CARE 34	CHILD CARE 35 125.00	RES. REHAB. 36	FOSTER CARE BOARD 37	SPECIAL NEEDS 38 28400	TITLE XX FC SPEC. SERVICE 39	TOTAL 40 41654.00	ELIGIBILITY STATUS CAT. 42 F	EFF. DATE 43 08-20-91
------------------	-------------------------	-------------------	-------------------------	---------------------------	---------------------------------	----------------------	---------------------------------	--------------------------

CHILD CARE TYPE 56	CHILD CARE TYPE 57 M
-----------------------	-------------------------

F.M. NAME LAST 10 [REDACTED]	FIRST 11 [REDACTED]	MI 12	SEX 13 F	RACE 14 H	BIRTH DATE 15
---------------------------------	------------------------	----------	-------------	--------------	------------------

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER 22 [REDACTED]	TITLE XX ESH 23 2	24	25
---	----------------------	----	----

ADDED OR REMOVED DATE 32	33
-----------------------------	----

CHILD CARE 34	CHILD CARE 35 225.00	RES. REHAB. 36	FOSTER CARE BOARD 37	SPECIAL NEEDS 38 28400	TITLE XX FC SPEC. SERVICE 39	TOTAL 40 41754.00	ELIGIBILITY STATUS CAT. 42 F	EFF. DATE 43 08-20-91
------------------	-------------------------	-------------------	-------------------------	---------------------------	---------------------------------	----------------------	---------------------------------	--------------------------

CHILD CARE TYPE 56	CHILD CARE TYPE 57 K
-----------------------	-------------------------

F.M. NAME LAST 10 [REDACTED]	FIRST 11 JR PETE	MI 12	SEX 13 M	RACE 14 H	BIRTH DATE 15 05-01-91
---------------------------------	---------------------	----------	-------------	--------------	---------------------------

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER 22 [REDACTED]	TITLE XX ESH 23 2	24	25
---	----------------------	----	----

ADDED OR REMOVED DATE 32	33
-----------------------------	----

CHILD CARE 34	CHILD CARE 35	RES. REHAB. 36	FOSTER CARE BOARD 37	SPECIAL NEEDS 38 28400	TITLE XX FC SPEC. SERVICE 39	TOTAL 40 41879.00	ELIGIBILITY STATUS CAT. 42 F	EFF. DATE 43 08-20-91
------------------	------------------	-------------------	-------------------------	---------------------------	---------------------------------	----------------------	---------------------------------	--------------------------

CHILD CARE TYPE 56	CHILD CARE TYPE 57 K
-----------------------	-------------------------

UNIT	WORKER	BATCH NO.	DATE OF SUBMISSION		
0	B		Mo.	Day	Yr.
			11	12	11

HAWAII DEPARTMENT OF SOCIAL SERVICES & HOUSING
 BATCH SLIP ASSIGNMENT CONTROL

ENTRY NO.	BATCH TYPE
12	C

ALL CASES INCLUDED IN BATCH IN THE ORDER THAT DOCUMENTS ARE SUBMITTED. PLEASE PRINT.

Last	CASE NAME First	M.I.	Pages	REJ.	COMMENTS
Leah	Jaylin		2		
SOCIAL WORKER			TOTAL	2	

OPERATOR USE.										
RECEIVED		ENTERED			TP OPERATOR		SENT TO UNIT			COMMENTS
Day	Yr.	Mo.	Day	Yr.			Mo.	Day	Yr.	

D.S.S.H. Form (REV. 7/81)

HAWAII DEPARTMENT OF SOCIAL SERVICES AND HOUSING
SOCIAL SERVICES PAYMENT - FORM A

ACTIVE GRANT						074			
PROG. TYPE	CASE NUMBER	SUB. CAT.	CASE NAME LAST	FIRST	MI	CO. NO.	UNIT NO.	WORKER NO.	DATE OF LAST CHANGE
	0343184	502	ACOL	JAYLIN		70			09-03-91
CROSS REFERENCE NUMBERS						CENSUS TRACT	RESIDENCE	ADDRESS	CITY
						204	KING STREET		KEAUKAHA
510	511	512	513	514	515				
NAME OF MALE ADULT LAST			FIRST	MI	IND.	BIRTHDATE			
						00 0			
NAME OF FEMALE ADULT LAST			FIRST	MI	IND.	BIRTHDATE			
GUARDIAN/PROTECTIVE PAYEE/OTHER /EXTRA ADDRESS					IND.	MAILING ADDRESS	CITY AND STATE	ZIP CODE	
					537	538	539	540	

ACTION TAKEN TYPE REASON	EFFECTIVE DATE
8	09-01-91
533 7534	535 11/19/91

HOLD DATE
568

AUTHORIZATION TO CANCEL WARRANT

WARRANT AMOUNT	WARRANT NUMBER	WARRANT DATE		
		MO.	DAY	YR.

REASON FOR CANCELLATION (CHECK):

<input type="checkbox"/> CHANGE IN MARITAL STATUS	<input type="checkbox"/> NO RECEIPT	<input type="checkbox"/> PAID BY RECIPIENT
<input type="checkbox"/> CHILD OUT OF HOME	<input type="checkbox"/> SUPPORT FROM RELATIVES	<input type="checkbox"/> DUPLICATE PAYMENT
<input type="checkbox"/> DEATH	<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> MOVED TO ANOTHER ISLAND
<input type="checkbox"/> DECREASE IN NEEDS	<input type="checkbox"/> ADMITTED TO INSTITUTION	<input type="checkbox"/> WHEREABOUTS UNKNOWN
<input type="checkbox"/> INCREASED INCOME	<input type="checkbox"/> LEFT THE STATE	<input type="checkbox"/> REMOVED FROM FOSTER CARE
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> INELIGIBLE	<input type="checkbox"/> OTHER: _____

WORKER'S SIGNATURE _____ SUPERVISOR'S (IF WORKER SIGNATURE UNAUTHORIZED) _____ DATE _____

SERVICE COSTS FOR ADULT MALE					SERVICE COSTS FOR ADULT FEMALE					SERVICE PAYMENT
REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE COST	REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE	
657	658	659	660	662	663	664	665	666	667	158700
										86400

AFC SPEC. CARE	AFC SPEC. CARE		
672	686		
TRANS. ASST.	TRANS. ASST.		
000	000		
675	689		
ADULT MALE ELIG. EFF. DATE	STATUS CAT.	ADULT FEMALE ELIG. EFF. DATE	STATUS CAT.
681	682	695	696

HAW. DEPARTMENT OF SOCIAL SERVICES AND NG
SOCIAL SERVICES - FORM B

PROG. TYPE K	CASE NUMBER 034315652	SUB. CAT. 2	CASE NAME LAST ACOL	FIRST JAYL IN	MI	CO. NO. 1	UNIT NO. 70	WORKER NO. B
0	1	2	3	4	5	6		

DATE OF LAST CHANGE 09-03-91
9

F.M. NAME LAST C	FIRST	MI	SEX M	RACE H	BIRTH DATE
10	11	12	13	14	

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER	TITLE XX ESH
22	25

IND. ADDED OR REMOVED DATE A 08-91
32 33

CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CARE BOARD	SPECIAL NEEDS	TITLE XX FC SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT.	ELIGIBILITY STATUS EFF. DATE
34	35	36	37	38	40	41	42	43
			52900			52900	F	08-20-91
			28800			28800		

CHILD CARE TYPE	CHILD CARE TYPE
56	57

F.M. NAME LAST D	FIRST	MI	SEX F	RACE H	BIRTH DATE
10	11	12	13	14	

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER	TITLE XX ESH
22	25

IND. ADDED OR REMOVED DATE A 08-91
32 33

CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CARE BOARD	SPECIAL NEEDS	TITLE XX FC SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT.	ELIGIBILITY STATUS EFF. DATE
34	35	36	37	38	40	41	42	43
			52900			52900	F	08-20-91
			28800			28800		

CHILD CARE TYPE	CHILD CARE TYPE
56	57

F.M. NAME LAST E KEMA	FIRST JR PETE	MI	SEX M	RACE H	BIRTH DATE 05-01-91
10	11	12	13	14	

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER	TITLE XX ESH
22	25

IND. ADDED OR REMOVED DATE A 08-91
32 33

CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CARE BOARD	SPECIAL NEEDS	TITLE XX FC SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT.	ELIGIBILITY STATUS EFF. DATE
34	35	36	37	38	40	41	42	43
			52900			52900	F	08-20-91
			28800			28800		

CHILD CARE TYPE	CHILD CARE TYPE
56	57

SOCIAL SERVICES FINANCIAL PLAN

Acol Jaylin
 Case Name

K034315652
 Case. & No.

Effective Month and Year	I		II		III	
	8/91		9/91		10/91	
Specify Type of Service Cost Budgetted	<input type="checkbox"/> one DO	I Amount	<input type="checkbox"/> one DO	II Amount	<input type="checkbox"/> one DO	III Amount
	Foster Bd [redacted]		\$ 414.00		\$ 529	
[redacted]		414.00		529		288
Peter		288		529		288
						0
2. Total Service Cost Requirements & Payment		\$ 1,116.00				864.00
3. Cash Payment to:		\$ 1,116.00		\$ 1,587.00		864
Payment to:						
Payment to:						
4. Supplementary Service Payment				9/91 # 218.00 clothing		10/91 \$282.23 clothing
5. 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]	→			
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 x 2 x 18 8.28 288 + 288 \$ 4116	[redacted]	[redacted]			
	[redacted]	[redacted]	[redacted]			
G. Social Worker Authorizing Payment			[redacted]			
H. Date			8/28/91			
			11/19/91			

PWS was rejected 12/16/91

↙
Check # W130039
Date 11-29-91
\$ 1587.00

[REDACTED]

[REDACTED]

American Sav. Bank

**STATE OF HAWAII
REQUISITION & PURCHASE ORDER**

DEPARTMENT OF HUMAN SERVICES

FAMILY & 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.

NATIONAL STORES

144 Kan Avenue

Hilo, HI 96720

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.

ORDER NO. **21218494**

Date **10/07/91**

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

**Dept. of Human Services
Family & Adult Services Division
EM Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562**

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Clothing allowance for [REDACTED] Case: Jaylin Azol/CPSS #10780	6600	116.77	\$ 116.77
	2)	Clothing allowance for [REDACTED] Case: Jaylin Azol/CPSS #10780	6600	101.47	101.47
	3)	Clothing allowance for Peter Kama Jr. Case: Jaylin Azol/CPSS #10780	6600	63.99	63.99

REQUISITIONER

TELEPHONE

VOUCHER NUMBER

AUTHENTICATED BY

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
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXXXXXXXXXXXXX	XX	X	X	XXXXXXXXXXXXXX
01	621	G	92	103	K	6600	9050			300	116.77	116.77			CPSS #10780
02	621	G	92	103	K	6600	9050			300	101.47	101.47			CPSS #10780
03	621	G	92	103	K	6600	9050			300	63.99	63.99			CPSS #10780

GARM... COPY State of HI
 Dept. of Human Services
 Family & Adult Svs. Div.
 LAYAWAY No. 51459

NAME [REDACTED]
 ADDRESS P.O. Box 1562
 CITY [REDACTED] PHONE [REDACTED]

I AGREE NO EXCHANGE OR REFUND ON THIS LAYAWAY.
 IF PAYMENTS ARE NOT MADE WITHIN 30 DAYS MERCHANDISE WILL BE RETURNED TO STOCK. X

DATE	FINAL TAKE OUT DATE	STORE	CLERK	APPROVED BY
10-02-91		FSS	82/88	
		THIS LAYAWAY VALID FOR MAXIMUM OF 90 DAYS		
DEPT	QTY	ARTICLE	AMOUNT	
	1	SHIRT	3.79	7.58
	2	REG. SOCKS	6.29	12.58
	1	PANTS	16.99	16.99
PAYMENT RECORD			AMOUNT PAID BALANCE	
PAYMENT DATE	CLERK	REGISTER #	DEPT FORWARD	BALANCE
D/9 1	dla	PANTS		14.99
D/9 1	dla	SHORTS		3.88
D/11 1	dla	T-SHIRTS		9.99
D/11 5	dla	T-SHIRTS	5.81	29.40
D/11 1	dla	SHIRTS		12.99
SUB TOTAL				44.24 11.78
TAX				3.71 4.49
TOTAL				47.95 16.27
DEPOSIT				116.77
BALANCE				116.77

PURCHASE RECORD

20218494 case 00K034315652 (#10720)

National
 for service - quality - value

certified Original - 82

Family & Adult Svs. Div. - Hawaii Branch
 P.O. No. 20218494
 Date Goods Rec'd 10/8/91
 Date Inv. Rec'd 10/8/91
 Date Inv. Sent to FIS 10/8/91
 P.O. Compl Incompl _____
 I certify the satisfactory receipt of goods and services:
 [REDACTED]
 Signature

GARMENT COPY State of Hawaii LAYAWAY No. 51458
 Family & Adult Services Division
 NAME [REDACTED]

P.O. # 21218494

ADDRESS P.O. Box 1562
 CITY Hilo PHONE

I AGREE NO EXCHANGE OR REFUND ON THIS LAYAWAY. X
 IF PAYMENTS ARE NOT MADE WITHIN 30 DAYS MERCHANDISE WILL BE RETURNED TO STOCK. X

DATE	DEPT	QTY	ARTICLE	PRICE	AMOUNT
10/8/91	10	3	Alignatics	6.88	20.64
	10	1	SHIRTS		2.98
	9	1	Dress		6.88
	9	3	T-SHIRT SET	6.88	20.64
PAYMENT RECORD				AMOUNT PAID BALANCE	
PAYMENT DATE	CLERK	REGISTER #	DEPT	BALANCE FORWARD	BALANCE
P/9 1	dla	T-SHIRT SET			7.98
P/9 1	dla	SOCKS			3.69
P/9 1	dla	SANDALS			14.99
P/10 2	dla	PANTS		5.99	11.98
P/9 1	dla	SHIRTS			7.99
SUB TOTAL				94.57	
TAX				3.90	
TOTAL				101.47	
DEPOSIT					
BALANCE					

PURCHASE RECORD

OS # K034315652

National
 for service — quality — value

Certified original - SJ

Family & Adult Svs. Div. - Hawaii Branch
 P.O. No. 21218494
 Date Goods Rec'd 10/8/91
 Date Inv. Rec'd 10/8/91
 Date Inv. Ser. 10/8/91
 P.O. Compl. Incompi.
 I certify the satisfactory receipt of goods and services:
 [REDACTED]

GA. T COPY of 11 LAYAWAY NO. 51455
 Dept. of Human Services
 Family & Adult Services Div.

NAME: Peter Kema
 ADDRESS: P.O. Ex. 1562
 CITY: Hilo PHONE:

I AGREE NO EXCHANGE OR REFUND ON THIS LAYAWAY
 IF PAYMENTS ARE NOT MADE WITHIN 30 DAYS MERCHANDISE WILL BE RETURNED TO STOCK.

DATE	DEPT.	QTY.	ARTICLE	UNIT PRICE	AMOUNT
10-02-91 <td>9 <td>5 <td>Showerhead Shirts <td>14.9</td> <td>74.5</td> </td></td></td>	9 <td>5 <td>Showerhead Shirts <td>14.9</td> <td>74.5</td> </td></td>	5 <td>Showerhead Shirts <td>14.9</td> <td>74.5</td> </td>	Showerhead Shirts <td>14.9</td> <td>74.5</td>	14.9	74.5
	9 <td>3 <td>SHORTS <td>12.2</td> <td>36.6</td> </td></td>	3 <td>SHORTS <td>12.2</td> <td>36.6</td> </td>	SHORTS <td>12.2</td> <td>36.6</td>	12.2	36.6
	9 <td>1 <td>Komper Shorts <td>7.99</td> <td>7.99</td> </td></td>	1 <td>Komper Shorts <td>7.99</td> <td>7.99</td> </td>	Komper Shorts <td>7.99</td> <td>7.99</td>	7.99	7.99
	9 <td>1 <td>Komper Shorts <td>7.99</td> <td>7.99</td> </td></td>	1 <td>Komper Shorts <td>7.99</td> <td>7.99</td> </td>	Komper Shorts <td>7.99</td> <td>7.99</td>	7.99	7.99
PAYMENT RECORD					
PAYMENT DATE	CLERK	REGISTER TRANS #	DEPT	BALANCE FORWARD	AMOUNT PAID BALANCE
1	as	100000	9		8.99
1	as	100000	9		9.99
1	as	100000	9		3.49
1	as	100000	9		8.99
SUB TOTAL 61.52					
TAX 1.38					
TOTAL 62.90					
DEPOSIT					
BALANCE					

P.O. # 21218494
 CASE # K034215652
 PURCHASE RECORD (#10720)

National
 for service - quality - value

Certified original - SS

Family & Adult Svs. Div. - Hawaii Branch
 P.O. No. 21218494
 Date Gov's Rec'd 10/8/91
 Date Inv. Rec'd 10/8/91
 Date Inv. Sent to FIS 10/8/91
 P.O. Compl. Incompl.
 I certify the satisfactory receipt of goods and services
 Signature

**STATE OF HAWAII
REQUISITION & PURCHASE ORDER**

DEPARTMENT OF HUMAN SERVICES

FAMILY & ADULT SERVICES - HAWAII BRANCH
ORGANIZATION

Social Services
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.

FW WOOLWORTH

**Prince Kuhle Plaza
111 E. Puuinahe
Hilo, HI 96720**

ORDER NO. **21218470**

Date **09/09/91**

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

**Dept. of Human Services
Family & Adult Services Division
HI Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562**

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.

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Clothing allowance for [REDACTED] Case: Jaylin Acol/CPSS #10780	6680	2121.00	\$ 73.26
	2)	Clothing allowance for [REDACTED] Case: Jaylin Acol/CPSS #10780	6680	208.00	68.86
	3)	Clothing allowance for Peter Kama Jr. Case: Jaylin Acol/CPSS #10780	6680	236.00	75.89

REQUISITIONER [REDACTED] TELEPHONE [REDACTED] VOUCHER NUMBER [REDACTED] Acting East Hawaii Social Services Section Administrator
 GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY _____ DATE _____ AUTHORIZED SIGNATURE _____

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	92	103	K	6680	9050			300	2121.00	73.26			CPSS #10780
02	621	G	92	103	K	6680	9050			300	208.00	68.86			CPSS #10780
03	621	G	92	103	K	6680	9050			300	236.00	75.89			CPSS #10780

F. W. WORTH CO.

ALAN ACOL

3

White - Customer Copy
Yellow - Store Copy
Pink - Invoice Copy

SALES CK. No 105786

1295

F.W. WORTH CO.
- ZA
HAWAIIAN ST.
STORE STAMP 96720

DATE 9-19-91

SOLD TO Dept of Social Serv. Family & Adult Services PHONE 933-4251

ADDRESS P. O. Box 1562

CITY Hilo STATE HI ZIP 96720

ASSOC. INITIAL MA CUST. TX. EMPT. NO. 21218470

QUAN.	ITEMS PURCHASED	S.P.	AMOUNT
1	Jeckel	7.99	7.99
1	Jeckel	19.99	19.99
7	Shirt	4.99	34.93
2	Boys Brief	4.99	9.98
2	Shirt	4.99	9.98

800195611

SUBTOTAL 82.87
15% DISCOUNT 12.43
SALES TAX 2.82
GR. TOTAL 73.26

ASSOCIATE CHECK:

SALE ON ACCOUNT RECEIVABLE (C.O.D.)
 MGMT. APPROVAL _____
 PAYMENT RECEIVED DATE: _____

MERCHANDISE RECEIVED BY:

CUSTOMER SIGNATURE _____ DATE: 9/19/91

REGISTER IMPRINT ON REVERSE SIDE

(APV. 291) STORE SERVICES CENTER SKU # 325 31014 - PRTO USA

Family & Adult Svs. Div. - Hawaii Branch
P.O. No. 21218470
Date Goods Rec'd 9/19/91
Date Inv. Rec'd 10/7/91
Date Inv. Sent to FJS 10/8/91
P.O. Compl Incompl _____
I certify the satisfactory receipt of goods and services:

Signature

F. W. W WORTH CO.

SALES CK. No 105788

White - Customer Copy
 Yellow - Store Copy
 Pink - Invoice Copy

1295

F.W. WOOLWORTH CO.
 2015 KALANOA PLAZA
 111 EAST KUMIHIKI ST.
 HONOLULU, HAWAII 96720

DATE 9-19-91
 SOLD TO Dept of Social Service, Family Adult Service PHONE 933 4251
 ADDRESS P.O. Box 1562
 CITY Hilo STATE HI ZIP 96720
 ASSOC. INITIAL MUA CUST. TX. EMPT. NO. 21218470

QUAN.	ITEMS PURCHASED	S.P.	AMOUNT
26	Shirts	2/600	18.00
2	Girls Briefs	3.99	7.98
1	Sock	3.99	3.99
4	Shorts	3.99	15.96
1	Short	2.99	2.99
2	Dresses	7.99	15.98
1	Jacket	12.99	12.99

SUBTOTAL 77.89
 15% DISCOUNT 11.68
 SALES TAX 2.65
 GR. TOTAL 68.86

ASSOCIATE CHECK:
 SALE ON ACCOUNT RECEIVABLE (C.O.D.)
 MGMT. APPROVAL _____
 PAYMENT RECEIVED DATE: _____

MERCHANDISE RECEIVED BY: _____
 CUSTOMER SIGNATURE: _____ DATE: 9/19/91

REGISTER IMPRINT ON REVERSE SIDE

(APV. 291) STORE SERVICES CENTER SKU # 325 31014 - PRTO USA

Family & Adult Svs. Div. - Hawaii Branch

P.O. No. 21218470
 Date Goods Rec'd 9/19/91
 Date Inv. Rec'd 10/7/91
 Date Inv. Sent to FIS 10/8/91
 P.O. Compl Incompl _____
 I certify the satisfactory receipt of goods and services:

 Signature

F. W. WOLWORTH CO.

SALES CK. No 105787

White - Customer Copy
Yellow - Store Copy
Pink - Invoice Copy

1295

F.W. WOOLWORTH CO.
PRINCE WILHELM PLAZA
1115 SOUTH KING ST.
HONOLULU, HI 96720

STORE STAMP

DATE 9-19-91
Size of Human Size
SOLD TO P.O. PHONE 933-4257
ADDRESS Box 1562
CITY Hilo, HI STATE _____ ZIP 96721-1562
ASSOC. INITIAL R CUST. TX. EMPT. NO. 21218470
(Peter Kama Jr)

QUAN.	ITEMS PURCHASED -	S.P.	AMOUNT
4	poly slip on shirts	6.99	27.96
1	poly infant gown		9.99
1	infant sleeper		8.49
1	sockie sock		3.29
2	sockie sock	3.79	7.58
4	shorts	2.99	11.96
1	short set		6.99
1	pants set		9.99

	SUBTOTAL	85.89
15%	DISCOUNT	12.84
	SALES TAX	2.92
	GR. TOTAL	75.89

ASSOCIATE CHECK: SALE ON ACCOUNT RECEIVABLE (C.O.D.)
 MGMT. APPROVAL _____
 PAYMENT RECEIVED DATE: _____

MERCHANDISE RECEIVED BY: _____
 CUSTOMER SIGNATURE: _____ DATE: 9/19/91

REGISTER IMPRINT ON REVERSE SIDE

(APV 231) STORE SERVICES CENTER SKU # 325 31014 - PRTD USA

Family & Adult Svs. Div. - Hawaii Branch

P.O. No. 21218470
 Date Goods Rec'd 9/19/91
 Date Inv. Rec'd 10/7/91
 Date Inv. Sent to FIS 10/8/91
 P.O. Compl. Incompl. _____
 I certify the satisfactory receipt of goods and services:

 Signature

TODDLER (AGE 1-5)

State of Hawaii
 Department of Human Services
 Family & Adult Services Division

Foster Care Clothing Cost Worksheet

Date: 9-5-91
 Child's Name: [REDACTED]
 Birthdate: [REDACTED]
 Size: 3 yr 4
 Foster Care Home: [REDACTED]
 Placement Date: [REDACTED]
 Social Worker: [REDACTED]
 Case No.: KO34315652
 CPSS No.: 10780
 PLACEMENT PURCHASE _____
 MAINTENANCE PURCHASE _____
 Supervisor's Sign.: [REDACTED]
 Notes: _____

GUIDELINES (TODDLER 1-5)	CURRENT INVENTORY	CURRENT NEEDS	APPROVED	UNIT PRICE	TOTAL PRICE
Shorts/Pants	6	6		5.00	30.00
Training Pants	1	1			
Underwear	6	6		5.00	30.00
Shirt/Blouse	6	6		5.00	30.00
Jacket/Sweater	1	1		30.00	30.00
Pajamas/Nighties	4	4		10.00	40.00
Dress Outfit	2	2		20.00	40.00
Swim Suit	1	1		10.00	10.00
Slippers	1				
Sandals	1				
Sneakers	1	1		15.00	15.00
Socks	3 pr	3		2.00	6.00
Raincoat/Rubber Boots	1				

Amount: 83.00 Vendors: Wachter Date: _____
128 National Stores
 \$ 83.00

TODDLER (AGE 1-5)

State of Hawaii
 Department of Human Services
 Family & Adult Services Division

Foster Care Clothing Cost Worksheet

Date: 9-5-91
 Child's Name: [REDACTED]
 Birthdate: [REDACTED]
 Size: 2 or 3
 Foster Care Home: [REDACTED]
 Placement Date: [REDACTED]
 Social Worker: [REDACTED]
 Case No.: K034315652
 CPSS No.: [REDACTED]
 PLACEMENT PURCHASE [REDACTED]
 MAINTENANCE PURCHASE [REDACTED]
 Supervisor's Sign: [REDACTED]

Notes: [REDACTED]
Diapers - comes out of foster
bed payment. and get
ones w/ baby wiper/ig
whitney leakes.
Diaper case - should be
put for bed. w/ foster
bed wiper - 4 gets
w/ on bed

GUIDELINES (TODDLER 1-5)	CURRENT INVENTORY	CURRENT NEEDS	APPROVED	UNIT PRICE	TOTAL PRICE
Shorts/Pants	6	6	4.11	5.00	30.00
Training Pants	6	6		3.00	18.00
Underwear	6	6			
TE Shirt/Blouse	6	6		5.00	30.00
Jacket/Sweater	1	1	1	30.00	30.00
Pajamas/Nighties	4	4		10.00	40.00
Dress Outfit	2	2	2	10.00	20.00
Swim Suit	1	1			
Slippers	1	1			
Sandals	1	1		15.00	15.00
Sneakers	1	1			
Socks	3 pr	3	1	2.00	6.00
Raincoat/Rubber Boots	1	1			
	1			1.5	

Amount: 79.00
~~110.00~~
 Vendors: Woolthworth Date: [REDACTED]
National Stores
 Total: \$189.00

Purchase Order Nos.: _____

TODDLER (AGE 1-5)

State of Hawaii
 Department of Human Services
 Family & Adult Services Division

Foster Care Clothing Cost Worksheet

Date: 9-5-91
 Child's Name: Peter Kemma SR
 Birthdate: 5-1-91
 Size: _____
 Foster Care Home: _____
 Placement Date: _____
 Social Worker: _____
 Case No.: K034315652
 CPSS No.: _____
 PLACEMENT PURCHASE _____
 MAINTENANCE PURCHASE _____
 Supervisor's Sig: _____
 Notes: _____

GUIDELINES (TODDLER 1-5)	CURRENT INVENTORY	CURRENT NEEDS	APPROVED	UNIT PRICE	TOTAL PRICE
Shorts/Pants	6	4	4	5.00	20.00
Training Pants	6				
Underwear	6				
Shirt/ Blouse	6	12	4 prs	3.00	36.00
Jacket/Sweater	1	1		35.00	35.00
Pajamas/Nighties	4	4	3	10.00	40.00
Dress Outfit	2	2	2	10.00	20.00
Swim Suit	1				
Slippers	1				
Sandals	1		2	15.00	15.00
Sneakers	1				
Socks	3 pr				
Raincoat/Rubber Boots	1				

Purchase Order Nos.: _____ Amount: ~~96.00~~ 96.00
 Vendors: Woolworth Date: _____
National Stores

156.00

*EXCEPTIONS AS NOTED

HAWAII

DEPARTMENT OF SOCIAL SERVICES AND
SOCIAL SERVICES - FORM B

1991

PROG. TYPE 0	CASE NUMBER K 034315652	SUB. CAT. 2	CASE NAME LAST ACOL	FIRST JAYLIN	MI	CO. NO. 1	UNIT NO. 70	WORKER NO. 8
1			3			4	5	6

DATE OF LAST CHANGE 08-23-91
9

F.M. LAST C	FIRST	MI	SEX M	RACE H	BIRTH DATE
10	11		12	13	14

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER	TITLE XX ESH
22	23 24 25

IND. ADDED OR REMOVED DATE A 08-91
32 33

CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CARE BOARD	SPECIAL NEEDS	TITLE XX FC SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT. EFF. DATE
34	35	36	37	38	40	41	42
				41400 52900		41400 52900	F 08-28-91 43 08/20/91

CHILD CARE TYPE	CHILD CARE TYPE
56	57

F.M. LAST D	FIRST	MI	SEX F	RACE H	BIRTH DATE
10	11		12	13	14

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER	TITLE XX ESH
22	23 24 25

IND. ADDED OR REMOVED DATE A 08-91
32 33

CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CARE BOARD	SPECIAL NEEDS	TITLE XX FC SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT. EFF. DATE
34	35	36	37	38	40	41	42
				41400 52900		41400 52900	F 08-23-91 43 08/20/91

CHILD CARE TYPE	CHILD CARE TYPE
56	57

F.M. LAST E KEMA	FIRST JR PETE	MI	SEX M	RACE H	BIRTH DATE 05-01-91
10	11		12	13	14

CHILD'S SOCIAL SECURITY ACCOUNT NUMBER	TITLE XX ESH
22	23 24 25

IND. ADDED OR REMOVED DATE A 08-91
32 33

CHILD CARE	CHILD CARE	RES. REHAB.	FOSTER CARE BOARD	SPECIAL NEEDS	TITLE XX FC SPEC. SERVICE	TOTAL	ELIGIBILITY STATUS CAT. EFF. DATE
34	35	36	37	38	40	41	42
				28800 52900		28800 52900	F 08-23-91 43 08/20/91

CHILD CARE TYPE	CHILD CARE TYPE
56	57

HAWAII DEPARTMENT OF SOCIAL SERVICES AND HOUSING
SOCIAL SERVICES PAYMENT - FORM A

ACTIVE GRANT										068	
PROG. TYPE	CASE NUMBER	SUB. CAT.	CASE NAME LAST	FIRST	MI	CO. NO.	UNIT NO.	WORKER NO.	DATE OF LAST CHANGE		
500	014315652	502	ACOL	JAYLIN		1	70	8	08-23-91		
CROSS REFERENCE NUMBERS						CENSUS TRACT	RESIDENCE	ADDRESS	CITY		
510						206	KING STREET	KEAUKAHA			
NAME OF MALE ADULT LAST		FIRST	MI	IND.	BIRTHDATE						
516				517	519						
NAME OF FEMALE ADULT LAST		FIRST	MI	IND.	BIRTHDATE		ACTION TAKEN TYPE REASON		EFFECTIVE DATE		
526				527	529		533 534		08-21-91 09/01/91		
GUARDIAN/PROTECTIVE PAYEE/OTHER EXTRA ADDRESS				IND.	MAILING ADDRESS			CITY AND STATE		ZIP CODE	
536				537	538			539		540	

HOLD DATE
568

AUTHORIZATION TO CANCEL WARRANT

WARRANT AMOUNT

WARRANT NUMBER

WARRANT DATE		
MO.	DAY	YR.

REASON FOR CANCELLATION (CHECK):

- | | | |
|---|--|---|
| <input type="checkbox"/> CHANGE IN MARITAL STATUS | <input type="checkbox"/> NO RECEIPT | <input type="checkbox"/> PAID BY RECIPIENT |
| <input type="checkbox"/> CHILD OUT OF HOME | <input type="checkbox"/> SUPPORT FROM RELATIVES | <input type="checkbox"/> DUPLICATE PAYMENT |
| <input type="checkbox"/> DEATH | <input type="checkbox"/> HOSPITALIZED | <input type="checkbox"/> MOVED TO ANOTHER ISLAND |
| <input type="checkbox"/> DECREASE IN NEEDS | <input type="checkbox"/> ADMITTED TO INSTITUTION | <input type="checkbox"/> WHEREABOUTS UNKNOWN |
| <input type="checkbox"/> INCREASED INCOME | <input type="checkbox"/> LEFT THE STATE | <input type="checkbox"/> REMOVED FROM FOSTER CARE |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> INELIGIBLE | <input type="checkbox"/> OTHER: _____ |

WORKER'S SIGNATURE _____ SUPERVISOR'S (IF WORKER SIGNATURE UNAUTHORIZED) _____ DATE _____

SERVICE COSTS FOR ADULT MALE

SERVICE COSTS FOR ADULT FEMALE

REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE COST	REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE	SERVICE PAYMENT
657	658	659	660	662	663	664	665	666	667	111600 668/58701

AFC SPEC. CARE
672

TRANS. ASST.
000
675

AFC SPEC. CARE
686

TRANS. ASST.
000
689

ADULT MALE ELIG. EFF. DATE	STATUS CAT.
681	682

ADULT FEMALE ELIG. EFF. DATE	STATUS CAT.
695	696

WORKER'S SIGNATURE _____ DATE 8/28/91 [DATA ENTRY: OPERATOR _____

HAWAII DEPARTMENT OF SOCIAL SERVICES AND HAWAIIAN RELIEF FUND
SOCIAL SERVICES—FORM AX

DATE

PROG. TYPE 500	CASE NUMBER K 0343 15452	SUB. CAT. 502	CASE NAME LAST Acok, Jaylin	MI	CO. NO. 1	UNIT NO. 70	WORKER NO. 507	APPLICATION DATE	ELIGIBILITY DATE 508	DATE OF LAST CHANGE 509	
CROSS REFERENCE NUMBERS				CENSUS TRACT 513	RESIDENCE ADDRESS 206 King St		CITY Keaukaha				
510	511	512	516		519		522		523	524	525
NAME OF MALE ADULT LAST			MI	IND.	BIRTHDATE		NO. OF PERSONS CHILD		LAST REVIEW DATE		
NAME OF FEMALE ADULT LAST			MI	IND.	BIRTHDATE		ACTION TAKEN TYPE REASON		EFFECTIVE DATE		
526			527	529		532		533	534	535	
GUARDIAN/PROTECTIVE PAYEE/OTHER /EXTRA ADDRESS				IND.	MAILING ADDRESS			CITY AND STATE		ZIP CODE	
536				537	538			539		540	

546		547		548		549		550		551		552	
MEDICAL CARE ELIGIBILITY		TERMINATION		ARRIVED IN HAWAII DATE		CITIZENSHIP ORIGIN		CITIZENSHIP		HOLD DATE		568	
553		554		555		556		557		558		559	
HOS. --MED. --INS. IND. DATE		HOS. --MED. --INS. IND. DATE		560		561		562		563		568	

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 SIGNATURE UNAUTHORIZED) _____ DATE _____

SERVICE COSTS FOR ADULT MALE

SERVICE COSTS FOR ADULT FEMALE

REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE COST	REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE	SERVICE PAYMENT
657	658	659	660	661 662	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 686	TRANS. ASST. 689	ADULT FEMALE ELIG. EFF. DATE 695	STATUS CAT. 696
-----------------------	---------------------	-----------------------------------	--------------------	-----------------------	---------------------	-------------------------------------	--------------------

WORKER'S SIGNATURE _____ EMPLOYEE NUMBER _____ DATE 8/23-91
SUPERVISOR'S SIGNATURE _____ EMPLOYEE NUMBER _____ DATE 8/29/91

SOCIAL SERVICES - FORM BX

CAT.	CASE NUMBER	SUB. CAT.	CASE NAME LAST	FIRST	MI	SEX	RACE	BIRTH DATE	CO. NO.	UNIT NO.	WORKER NO.	CATION	ELIGIBILITY DATE	DATE OF LAST CHANGE
0	K 034 315652	2	Acol,	Jaylin		M	H		1	70	B		8	9

F.M.	NAME LAST	FIRST	MI	SEX	RACE	BIRTH DATE	LIVING ARRANG.	
10	[REDACTED]	[REDACTED]		M	H	[REDACTED]		
11	CHILD'S SOCIAL SECURITY ACCOUNT NUMBER						20	21
22	23	24	25	26	IND. ADDED OR REMOVED DATE			
					A 08-23-91			
34	35	36	37	38	39	40	41	
				414 ⁰⁰			414 ⁰⁰	
							F 08-23-91	
42	43	ELIGIBILITY STATUS EFF. DATE						
45	46	47	48	49	50	51	52	
CHILD CARE TYPE		CHILD CARE TYPE						
56	57							

F.M.	NAME LAST	FIRST	MI	SEX	RACE	BIRTH DATE	LIVING ARRANG.	
10	[REDACTED]	[REDACTED]		F	H	[REDACTED]		
11	CHILD'S SOCIAL SECURITY ACCOUNT NUMBER						20	21
22	23	24	25	26	IND. ADDED OR REMOVED DATE			
					A 08-23-91			
34	35	36	37	38	39	40	41	
				414 ⁰⁰			414 ⁰⁰	
							F 08-23-91	
42	43	ELIGIBILITY STATUS EFF. DATE						
45	46	47	48	49	50	51	52	
CHILD CARE TYPE		CHILD CARE TYPE						
56	57							

F.M.	NAME LAST	FIRST	MI	SEX	RACE	BIRTH DATE	LIVING ARRANG.	
10	Kema Jr.	Peter		M	H	05/01/91		
11	CHILD'S SOCIAL SECURITY ACCOUNT NUMBER						20	21
22	23	24	25	26	IND. ADDED OR REMOVED DATE			
					A 08-23-91			
34	35	36	37	38	39	40	41	
				288 ⁰⁰			288 ⁰⁰	
							F 08-23-91	
42	43	ELIGIBILITY STATUS EFF. DATE						
45	46	47	48	49	50	51	52	
CHILD CARE TYPE		CHILD CARE TYPE						
56	57							

JMT	WORKER	BATCH NO.	DATE OF SUBMITTAL		
710	B		Mo.	Day	Yr.
			08	23	11

HAWAII DEPARTMENT OF SOCIAL SERVICES & HOUSING
BATCH SUB: ION CONTROL

ENTRY MO.	BATCH TYPE
018	1

LOG ALL CASES INCLUDED IN BATCH IN THE ORDER THAT DOCUMENTS ARE SUBMITTED. PLEASE PRINT.

1.	Last	CASE NAME		Pages	REJ.	COMMENTS
		First	M.I.			
1.	Acad,	Jaylin		2		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
SOCIAL WORKER				TOTAL	2	

FOR TP OPERATOR USE.

RECEIVED			ENTERED			TP OPERATOR	SENT TO UNIT			COMMENTS
Mo.	Day	Yr.	Mo.	Day	Yr.		Mo.	Day	Yr.	

**STATE OF HAWAII
REQUISITION & PURCHASE ORDER**

DEPARTMENT OF HUMAN SERVICES

FAMILY & 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.

KAAHALE OLU APARTMENTS

c/s Sharonna Matsumoto

P.O. Box 818

Papaohaeo, HI 96783

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.

21218492

Date **10/07/91**

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

**Dept. of Human Services
Family & Adult Services Division
KH Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562**

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Rental for apartment for October 1991 Case: Jaylin Acol/CPSS #10780	6680	\$104.00	

REQUISITIONER

TELEPHONE

VOUCHER NUMBER

AUTHORIZED SIGNATURE

**[Redacted Signature] East Hawaii
Social Services Section Administrator**

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY _____ DATE _____

AUTHORIZED SIGNATURE

REQUISITION NO.	FOR DEPARTMENT USE ONLY
VENDOR	
NUMBER	SFX
XXXXXXXXXX	XX

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXXXXXXXXXXXXX	XX	X	X	XXXXXXXXXXXXXX
01	621	6	92	101	K	6680	9064			300	104 00				CPSS #10780



PROPERTY OF SUEO & SHARENE MATSUMOTO



P.O. BOX 818
PEPEKEO, HAWAII 96783 * 808-964-5015

September 12, 1991

PHS

[Redacted address line]

Dear [Redacted name]

Jaylin Acole & Peter Kema's rent is as follows:

September rent is \$104 with a \$10 late fee.
October rent is \$104
November's rent is \$104.00

for a total of \$322.00

Sincerely,

Sharene Matsumoto

Sharene Matsumoto

Family & Adult Svs. Div. - Hawaii Branch	
P.O. No	<u>212184</u> <u>92</u>
Date Goods Rec'd	<u>Oct. [Redacted]</u> <u>1991</u>
Date Inv. Rec'd	<u>9/12/91</u>
Date Inv. Sent to	<u>HS 10/8/91</u> <u>[Redacted]</u>
P.O. Cmpl	<input checked="" type="checkbox"/> Compl <input type="checkbox"/> Incompl
I certify the satisfactory receipt of goods and [Redacted]	
[Redacted Signature]	
Signature	

91 SEP 12 P 3:50

SHO

SUEO & SHARENE MATSUMOTO

RESIDENT MANAGERS
808-964-5834



INTERNAL

Suspense

COMMUNICATION FORM

DEPARTMENT OF HUMAN SERVICES

Subject: Wrap-Around Funds for
[REDACTED] Kema Reunification

Originator: [REDACTED]
[REDACTED]

To: HBA

From: A-EHSSSA

Date: 09/05/91

Memo No. 1

REQUEST:

Approval for temporary use of wrap around funds per Manual Section 17-913-6.

PURPOSE:

Funds to be used to "bridge" 2 to 3 month period of reduced or eliminated family income as a result of childrens' placement in foster care, thereby terminating [REDACTED]. Short term goal is to maintain family intact briefly until they generate sufficient income to maintain themselves. Long term goal is to maintain parents sufficiently to have a family available with which to reunify the children, as that becomes appropriate.

HISTORY:

The Safe Home Guidelines attached dated August 13, 1991, provide a sufficient history of DHS involvement. Page 6, paragraph 4 addresses the instant request. The Service Plan dated August 17, 1991, is scheduled to be heard before Judge Gaddis on September 17, 1991, and is being revised to specifically address the financial and employment issues. These issues have been discussed at length with Ms. Acol and Mr. Kema. The DHS has stated clearly to the family, GAL and counsel that any financial support is intended as a short term bridge, and will not extend beyond 3 months maximum.

The amount of foster board available for conversion is \$1,587.00 per month (3 children x \$529.00), not including any special service costs associated with Peter Jr.

The current "budget" for the [REDACTED] Kema family is attached. Specific approval for payment of the auto loan as shown (arrear and current month), and for apartment rent as shown, each on a month by month approval, not to exceed 3 months. Also, specific approval is sought for payment of all arrear on the telephone, \$422.32. If approved, the first month total conversion would include rent, telephone arrear, and auto payment and arrear for a total of \$806.32. The total per month, for the next 2 months if necessary, would be \$304.00.

JUSTIFICATION:

This young couple is severely estranged from their extended families, and are not able to seek support from them. The extended family has contributed to the stress on this young couple in the past. The couple has no source of income other than General Assistance, as noted. The couple has

Subject: Wrap-Around Funds for
[redacted] Kema Reunification

Originator: [redacted]

To: HBA

From: A-EHSSSA

Date: 09/05/91

Memo No. 1

been advised they are responsible for maintaining themselves, and this DHS assistance is for 2 or 3 months maximum while they secure employment. Without this short term financial assistance, it appears probable the couple will lose their housing and vehicle. With no phone, no house, and no car, the task of reunification becomes almost insurmountable, even if it is appropriate. Considering the couple is young and the children are 4 years, 2 years and 4 months old, reunification is likely with services. The period of service provision necessary to determine whether reunification or termination is appropriate can be drastically reduced if the parents are available and able to participate in services. Their availability can significantly reduce the anticipated cost of foster care by facilitating the reunification/termination decision.

[redacted signature]

Acting East Hawaii Social Services
Section Administrator

Approved Denied

[redacted signature]

Hawaii Branch Administrator

[redacted]