

FACE SHEET

CASE NAME: ~~KEMA~~
ACOL, Jaylin

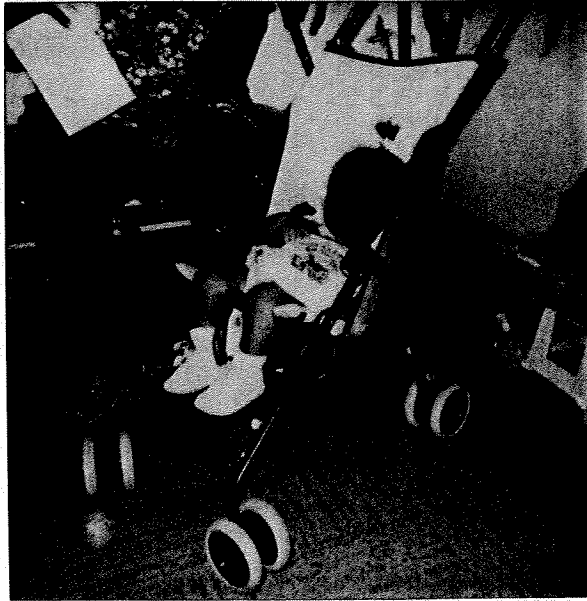
CASE # K034715652
cpss 01079

Aliases	Date Applied	Disposition and Date	Date Closed
Social Services Cross Reference	1 05/08/1991	approved for investigation	10/27/95
	2 06/03/1991	case transferred	
	3 8/27/91	Assigned: #07065	
	4	(See Volume III)	
	5		
Income Maintenance Cross Reference	6 4/4/97	Assigned: #51657	3/31/05
	7 4/23/98	" #58418	
	8		

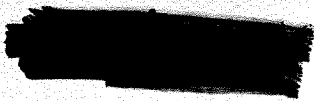
Date	FM#	Address and Mailing Address	Telephone	Date	FM#	Address and Mailing Address	Telephone
05/91		28-2926 Kumula St. Q 26	964-5811				
		Pepeekeo 96783	964 5623				
11/16/91		[REDACTED]	[REDACTED]				

Family Members	Relationship	FM#	Ancestry	Birthdate	Date of Death	MEDICAL ALERT
Man (First Name) [REDACTED]	father	01				
Woman (First and Maiden Name) Jaylin M. Acol [REDACTED]	mother	02				
Minor children [REDACTED]		20		[REDACTED]		
[REDACTED]		21		[REDACTED]		
Peter Kema Jr.	son	22		05/01/91		
[REDACTED]		23		[REDACTED]		
Others in Household Peter Kema	father	03				

Significant Others out of Household or Other Caretakers						
Name	Relationship	FM#	Address	Phone No.	Other Comments	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	



8/93



8/93



08/12/91
08:28:02:8

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

CPS INTAKE DOCUMENT

COPY

INTAKE NO: 07065

TAKEN BY _____
COMPLETE BY _____
ASSIGNED BY _____
ASSIGN TO _____

DATE/TIME 08-12-91 08:45
DATE/TIME 08-12-91 13:28
DATE _____

CASE NAME ACOL, JAYLIN
INIT NO 33 WORKER NO _____

INITIAL REFERRAL BY _____
PHONE 808 _____

COMPLAINANT NO 01

CHILDREN:

MIN 22 NAME KEMA JR., PETER DOB 05/01/91 V/P/B
SEX M RACE HA CARETAKE FMN 03 SCH/EMP

ADULTS:

MIN 02 NAME ACOL, JAYLIN M DOB 04/10/70 ALLEGED PERP Y
ADDRESS 282926 KUMULA ST. Q-26 CITY PEPEEKED, HILO ST HI
KAUNALE OLU APTS. ZIP 96783 0 PH 964-5620
MIN 03 NAME KEMA SR., PETER DOB 08/20/52 ALLEGED PERP Y
ADDRESS 28-2926 KUMULA ST #Q26 CITY PEPEEKED, HILO ST HI
ZIP 0 0 PH 964-5620

PROBLEMS FOR WHICH REFERRED:

MIN 22 PHYSICAL ABUSE

C OF INC HOME

ACTION BOOKING NO _____ DATE _____ TIME _____
HOSPITAL _____ DATE _____ TIME _____

COMPLAINANT ACCOUNT(S):

MP NO 01 COMPLAINT DATE/TIME 08/12/91 08:45
NAME _____ PHONE 808 _____
ADDRESS _____

CITY/ST/ZIP HILO, HI, 96720 0
SHARE IS Y PRT REQ Y NOTIFY Y REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

CALL FROM _____ AT HILO HOSPITAL WHO STATED THAT _____
REQUESTED THAT A REPORT BE MADE
REGARDING THE NATURE OF PETER, KEMA JR.'S INJURIES.

CALLER STATED THAT PETER KEMA JR WAS BROUGHT TO THE EMERGENCY ROOM ON AUG. 11
1991 AT ABOUT 10:55 BY HIS MOTHER, JAYLIN ACOL. SHE REPORTED TO EMERGENCY
ROOM PHYSICIANS THAT SHE NOTICED HIS LEFT KNEE WAS SWOLLEN AND RED AND FELT
MAY BE IN NEED OF MEDICAL TREATMENT. SHE ALSO STATED THAT THE PREVIOUS
HIT, AUGUST 10, 1991, PETER, JR. WAS VERY FUSSY. SHE DID NOT OFFER ANY
EXPLANATION TO PHYSICIANS HOW PETER, JR. RECEIVED INJURIES.

6/12/91
3:28:04.1

STATE OF MISSISSIPPI JAIL DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

KFHIRIOR

COPY

ACCORDING TO CALLER THE CHILD HAS OLD MULTIPLE FRACTURES BUT SHE DOES NOT
NOW WHERE THEY ARE LOCATED AND THE REPORTS/X-RAYS HAVE NOT COME BACK YET.
THE NEW INJURIES INCLUDE A FRACTURE TO THE LEFT KNEE. THE LEFT KNEE IS
RED AND SWOLLEN.

ALLER ADDED THAT [REDACTED] CONSULTED WITH DR. RICHARD LANE WHO IS
CONFIRMING THAT THE CHILD HAS OLD FRACTURES (LOCATION NOT RECORDED ON FORM
THAT CALLER WAS READING FROM) AS WELL AS A NEW INJURY TO THE LEFT KNEE.

ALLER WAS INFORMED THAT THIS WORKER WILL CALL THE ACTIVE SOCIAL WORKER THAT
IS INVOLVED IN THE CASE AND HE WILL PROBABLY CONTACT PEDIATRICS.
ALLER WAS ASKED IF SHE KNEW WHETHER STAND-BY SOCIAL WORKER WAS CONTACTED
WHEN CHILD WAS ADMITTED, SHE STATED THAT SHE ASSUMES SO AS EMERGENCY PHYSICIAN
NOTED ON REPORT THAT INJURIES APPEARED SUSPICIOUS.

ALLER WAS INFORMED THAT REPORT WAS ACCEPTED DUE TO THE ALLEGED PHYSICAL ABUSE
OF PETER, KEMA, JR. AT THIS POINT IT CANNOT BE DETERMINED WHO ALLEGED PERPE-
TRATORS ARE BUT THE MOST LIKELY SUSPECTS ARE HIS PARENTS, JAYLIN ACOL AND/OR
PETER KEMA, SR.

e: _____ (CT)
 Date: _____ (SSA)

ICIU STATUS CHECKLIST

Case Name: Acad Jaylyn
 Intake No: 7065 Case No.: 10780

CWS Unit/Wkr: 100- [REDACTED] CIU/Wkr: ec

CPSS

OKLAHOMA

INTAKE WORKER							
HAWI/OKLAHOMA Check							
NS01(NS02/NS04 Name Searches							
NS10/NS14/WS10/WS17 Previous Unit/Wkr: <u>20/100</u>							
IA/U14(60)82 General Case Data							
IA18 Complainant Information							
IA20 Complainant Narrative							
IA/U40(4) Adult Data 01 (02) (03) 04 50 51							
IA/U22(23) Child Data 20 21 (22) 23 24 25 26							
IA36 Victim Data 20 21 (22) 23 24 25 26							
7.3 IA48 Risk Assessment 20 21 22 23 24 25 26							
IA52 Log of Contacts							
IX10 Review Intake							
IR10 Print Intake (Orig + 2 copies)							
IR52 Print Log of Contacts							
Intake Disposition: (Choose one)							
IA06 New Case Registration							
IU06 Reopen Closed Case & Add Intake							
IU08 Add Intake to Existing Open Case							
IU56 Non-CPS, Services Required							
IU58 Non-CPS, Services NOT Required							
IU60 Non-CPS, Referred							
IU62 Reactivate Intake							
IU64 Delete Intake--Created In Error							
CS04 Family Member Summary (Print Screen)							
Log Intake on Monthly Intake Record (WP5.1)							
Send Checklist, Intake + 2 copies to Supervisor							
SUPERVISOR							
CD18 Complainant Information Display							
CD20 Complainant Narrative Display							
CS08 Family Data Summary							
CS48 Case Risk Assessment							
WA10 Assign Wkr: _____ Date: _____							
Police Referral _____ Date: _____							
Original to assigned worker, copy to police: <u>8/13/19</u> copy & checklist to clerical/assistant.							
CLERICAL							
Master File Card							
Log Intake							
Case Record (Open/Pull/Request - Date: _____)							
ASSISTANTS							
CU40 Update Adult Data 01 02 03 04 50 51							
CU22 Update Child Data 20 21 22 23 24 25 26							
CA/U50 Service Data 01 02 03 04 50 51 20 21 22 23 24 25 26							
HA10 Name Change/Alias 01 02 03 04							
HA12 Address Change 01 02 03 04							
HA14 Marriage History							
Criminal History Check 01 02 03 04 50 51							
Date Mailed: _____							
Form 1458							
Form 1504 Mailed: _____							

CLERICAL							
Check Log							
Update Master File Card							
Update Face Sheet							
INVESTIGATORS							
CA/U52 Log of Contacts							
CA/U50/51 Service Data 01 02 03 04 50 51 20 21 22 23 24 25 26							
CA/U40 Adult Data 01 02 03 04 50 51							
CA/U22 Child Data 20 21 22 23 24 25 26							
CA/U36 Victim Data 20 21 22 23 24 25 26							
CU39 Victim Dispo. 20 21 22 23 24 25 26							
CA48 Risk Assess. 20 21 22 23 24 25 26							
HA/U48 Name Change/Alias 01 02 03							
HA/U12 Address Change 01 02 03							
HA/U14 Marriage History 01 02 03							
CA60 Investigation Summary - Documents							
CA62 Investigation Summary - Narrative							
CA64 Investigation Summary - Case Action							
CR52 Print Log of Contacts							
CR62 Print Worker's Findings							
CU14 Close Case							
Placement/Court Cases							
CA28 Ct LS Dates 20 21 22 23 24 25 26							
CA30 P/J Rv Dates 20 21 22 23 24 25 26							
CU22 Child Data 20 21 22 23 24 25 26							
CA34 Visitor Plan 20 21 22 23 24 25 26							
CA/U50 Plmt Date 20 21 22 23 24 25 26							
CA52 Log of Contact (Placement)							
Safe Home Guidelines							
Add/Update PWS-5 (Payments)							
SUPERVISOR							
CS08 Family Data Summary							
CS51 Service Data Summary - All Services							
CS36 Victim Summary							
CD36 Victim Data 20 21 22 23 24 25 26							
CD39 Victim Stat/Dispo 20 21 22 23 24 25 26							
CD60 Investigation Summary - Documents							
CD62 Investigation Summary - Narrative							
CD64 Investigation Summary - Case Action							
CA52 Log-Approval of Investigation Disposition							
CU68 Date/time of Case Closure							
WA/U10 Assign Case-Branch: _____ Unit/Wkr: _____ Date: _____							
CLERICAL (Transfer/Closure)							
Update Master File Date: _____ Unit/Wkr: _____							
Enter Closure Date on Face Sheet							
Tag Case Record for Closing/Filing							
NOTES:							

09/03/91
09:45:56.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER
WORKER'S FINDINGS REPORT

KFHCR62R

CASE NO 00010780 CASE NAME ACOL, JAYLIN
INTAKE NO 07065
WORKER [REDACTED]

UNIT 70

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 09 03 1991 09 27

CHILD WAS ADMITTED TO HILO HOSPITAL ON 8/11/91 AS THE RESULT OF X RAYS SHOWING MULTIPLE NEW AND HEALING SKELETAL FRACTURES. PARENTS REPORT TAKING INFANT TO HOSPITAL BECAUSE HIS LEFT KNEE WAS SWOLLEN.

W INTERVIEWED FATHER, PETER KEMA SR. THEN MOTHER, JAYLIN ACOL SEPARATELY. BOTH OFFERED THAT CHILDS LEFT LEG WAS INJURED AS THE RESULT OF [REDACTED] JUMPING ON HIM WHILE HE WAS IN HIS CAR SEAT IN THE CAR, UNATTEENDED ABOUT 5 DAYS AGO. NEITHER PARENT HAD ANY EXPLANATION FOR THE EXTENSIVE METAPHYSEAL DAMAGE, DAMAGE TO THE PERIOSTEUM, OR HEALED FRACTURES TO THE RIBS.

PARENTS WERE ADVISED THAT [REDACTED] WERE BEING TAKEN INTO FOSTER CURE PROGRAM DUE TO THE INCREASED RISK OF ABUSE CAUSED BY THE HARM TO PETER JR., AND THAT PETER JR. WOULD BE PLACED IN FOSTER CARE UPON HIS DISCHARGE. THE PARENTS WERE ALSO ADVISED THAT THEY WERE NOT PERMITTED ANY UNSUPERVISED CONTACT WITH PETER JR. WHETHER HE WAS HOSPITALIZED OR NOT, AND THAT THEY MUST CHECK IN WITH THE NURSES STATION EACH TIME THEY VISIT.

X RAYS SHOWED METAPHYSEAL DAMAGE, OLD AND NEW, TO EACH SHOULDER, ELBOW, HIP AND KNEE. DAMAGE TO THE PERIOSTEUM GENERALLY COINCIDED WITH THIS, BUT WAS MOST EXTENSIVE AROUND THE CURRENT INJURY TO THE LEFT KNEE AREA. THERE WERE 3 HEALING FRACTURES TO THE LEFT LATERAL RIBS # 6, 7 & 8. CT SCAN SHOWED NO VISIBLE SKELETAL DAMAGE OR INTRACRANIAL BLEEDING.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 09 03 1991 09 30

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X
CASE TRANSFERRED FOR CASE MANAGEMENT X CASE CLOSED

REASONS FOR ACTION ACTIVE FAMILY SUPERVISION CASE. INVESTIGATION COMPLETED BY ONGOING WORKER. EXTENSIVE SKELETAL DAMAGE, PRIMARILY TO THE METAPHYSEAL AREAS, CAUSED BY TWISTING OF LIMBS, WHICH WAS COMPLETELY UNEXPLAINED BY EITHER PARENT. PARENTS HAD BEEN THE ONLY CARETAKERS FOR THE INFANT.

SIGN OFF WORKER NO [REDACTED]

08/12/91
08:28:02.0

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

CPS INTAKE DOCUMENT

INTAKE NO 07065

FILED BY [REDACTED]
COMPLETE BY [REDACTED]
ASSIGNED BY [REDACTED]
ASSIGN TO [REDACTED]

DATE/TIME 08-12-91 08:45
DATE/TIME 08-12-91 13:28
DATE

CASE NAME ACOL, JAYLIN
UNIT NO 06 WORKER NO 0025

INITIAL REFERRAL BY [REDACTED] COMPLAINT NO 01
PHONE [REDACTED]

CHILDREN:

FMN 22 NAME KEMA JR., PETER DOB 05/01/91 V/P/D
SEX M RACE HA CARETAKER FMN 03 SCH/EMP

ADULTS:

FMN 02 NAME ACOL, JAYLIN M DOB 04/10/70 ALLEGED PERP Y
ADDRESS 202920 KUHULA ST. Q-26 CITY PEPEEKO, HILO ST HI
RACHALE OLD APTS. ZIP 96780 O PH 964-5623
FMN 03 NAME KEMA SR., PETER DOB 06/20/52 ALLEGED PERP Y
ADDRESS 20-2920 KUHULA ST #026 CITY PEPEEKO, HILO ST HI
ZIP O O PH 964-5623

PROBLEMS FOR WHICH REFERRED:

FMN 22 PHYS PHYSICAL ABUSE

LUC OF INC NONE

ACTION BOOKING NO DATE TIME
HOSPITAL DATE TIME

COMPLAINANTS ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 08/12/91 08:45
NAME [REDACTED] PHONE [REDACTED]
ADDRESS HILL HOSPITAL
CITY/ST/ZIP HILO, HI, 96720 O
SHARE IS Y PRT REQ Y NOTIFY Y REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

CALL FROM [REDACTED] AT HILO HOSPITAL WHO STATED THAT [REDACTED] REQUESTED THAT A REPORT BE MADE TO DHS REGARDING THE NATURE OF PETER, KEMA JR.'S INJURIES.

CALLER STATED THAT PETER KEMA JR WAS BROUGHT TO THE EMERGENCY ROOM ON AUG. 11 1991 AT ABOUT 10:55 BY HIS MOTHER, JAYLIN ACOL. SHE REPORTED TO EMERGENCY ROOM PHYSICIANS THAT SHE NOTICED HIS LEFT KNEE WAS SWOLLEN AND RED AND FELT HE MAY BE IN NEED OF MEDICAL TREATMENT. SHE ALSO STATED THAT THE PREVIOUS NIGHT, AUGUST 10, 1991, PETER, JR. WAS VERY FUSSY. SHE DID NOT OFFER ANY EXPLANATION TO PHYSICIANS HOW PETER, JR. RECEIVED INJURIES.

0412/91
13:28:04.1

STATE OF MASSACHUSETTS DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

KPHIRIOR

ACCORDING TO CALLER THE CHILD HAS OLD MULTIPLE FRACTURES BUT SHE DOES NOT KNOW WHERE THEY ARE LOCATED AND THE REPORTS/X-RAYS HAVE NOT COME BACK YET. THE NEW INJURIES INCLUDE A FRACTURE TO THE LEFT KNEE. THE LEFT KNEE IS RED AND SWOLLEN.

CALLER ADDED THAT [REDACTED] CONSULTED WITH DR. RICHARD LANE WHO IS CONFIRMING THAT THE CHILD HAS OLD FRACTURES (LOCATION NOT RECORDED ON FORM THAT CALLER WAS READING FROM) AS WELL AS A NEW INJURY TO THE LEFT KNEE.

CALLER WAS INFORMED THAT THIS WORKER WILL CALL THE ACTIVE SOCIAL WORKER THAT IS INVOLVED IN THE CASE AND HE WILL PROBABLY CONTACT PEDIATRICS.

CALLER WAS ASKED IF SHE KNEW WHETHER STAND-BY SOCIAL WORKER WAS CONTACTED WHEN CHILD WAS ADMITTED, SHE STATED THAT SHE ASSUMES SO AS EMERGENCY PHYSICIAN NOTED ON REPORT THAT INJURIES APPEARED SUSPICIOUS.

CALLER WAS INFORMED THAT REPORT WAS ACCEPTED DUE TO THE ALLEGED PHYSICAL ABUSE OF PETER, KEMA, JR. AT THIS POINT IT CANNOT BE DETERMINED WHO ALLEGED PERPETRATORS ARE BUT THE MOST LIKELY SUSPECTS ARE HIS PARENTS, JAYLIN ADOL AND/OR PETER KEMA, SR.

08/12/91
13:47:27.1

STATE () JAIL DEPARTMENT OF HUMAN SERVICES
FAMIL. AND HOUS. SERVICES DIVISION SOL-CER
LOG OF CONTACTS REPORT - CASE PROCEED

KFHCR02R

CASE NO 00010780 DATE 08/12/1991 TIME 09:00
TYPE OF CONTACT TO, WORKER [REDACTED] NOTATION [REDACTED]

NARRATIVE ACCOUNT

CALL TO [REDACTED] TO INFORM HIM THAT THIS WORKER RECEIVED A CALL FROM PEDIATRICS REGARDING HIS CLIENT, PETER KEMA, JR. HE WAS TOLD THAT THIS WORKER WILL GO INTAKE AND SEND INFORMATION OVER TO HIM AS ADVISED BY JUDY SUPERVISOR, [REDACTED] REGARDING NEW INTAKES ON ACTIVE CASES.

[REDACTED] ASKED FOR REPORTER INFORMATION WHICH WAS GIVEN TO HIM.

CASE NO 00010780 DATE 08/12/1991 TIME 09:30
TYPE OF CONTACT WORKER [REDACTED] NOTATION [REDACTED]

NARRATIVE ACCOUNT

STAND BY WORKER WAS ASKED IF SHE RECEIVED A CALL FROM EMERGENCY ROOM RE: PETER, KEMA, JR. BUT SHE STATED THAT SHE NEVER RECEIVED A CALL FROM THEM.

05/21/91
091-6685

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION 800-878

OFFICER

CRS INTAKE DOCUMENT

INTAKE NO 06671

TAKEN BY [REDACTED]
COMPLETED BY [REDACTED]
ASSISTED BY [REDACTED]
ASSIGN TO [REDACTED]

DATE/TIME 5/8/91
DATE/TIME
DATE 5/9/91

CASE NAME ACOL, JAYLYN
CASE NO 00010789 STATUS 0
UNIT NO WORKER NO

INITIAL REFERRAL BY [REDACTED]
PHONE [REDACTED]

COMPLAINANT NO 01

CHILDREN:

MIN 20	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	M	RACE	H	CARETAKE	FMN 03
MIN 21	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	F	RACE	H	CARETAKE	FMN 03
MIN 22	NAME	KEMA JK., PETER	DOB	05/01/93	V/P/B	
	SEX	M	RACE	H	CARETAKE	FMN 03

ADULTS:

MIN 01	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	UNKNOWN	CITY		ST	
			ZIP	0 0	PH	329-2513
MIN 02	NAME	ACOL, JAYLYN N	DOB	04/10/70	ALLEGED PERP	N
	ADDRESS	282906 KUMULA ST. Q-26 KAUNALE OLU APTS.	CITY	PEPEEKO	ST	HI
			ZIP	96783 0	PH	964-5011
MIN 03	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	88-2926 KUMULA ST #026	CITY	PEPEEKO	ST	HI
			ZIP	96783 0	PH	000-0000
MIN 04	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	HI
			ZIP	[REDACTED]		
MIN 05	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	HI
			ZIP	[REDACTED]		

PROBLEMS FOR WHICH REFERRED:

MIN 20	PHYS PHYSICAL ABUSE	LOC OF INC HOME	ACTION BOOKING NO	HOSPITAL	DATE	00/00/00	TIME	00:00
					DATE	00/00/00	TIME	00:00
MIN 21	PHYS PHYSICAL ABUSE	LOC OF INC HOME	ACTION BOOKING NO	HOSPITAL	DATE	00/00/00	TIME	00:00
					DATE	00/00/00	TIME	00:00

COMPLAINANT'S ACCOUNT(S):

05/31/91
09:47:00.8

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

KFHCR10R

COMP NO 01 COMPLAINT DATE/TIME 05/08/91 15:30

NAME [REDACTED]

PHONE [REDACTED]

ADDRESS [REDACTED]

CITY/ST/ZIP [REDACTED]

SHARE ID [REDACTED]

PRT REQ [REDACTED]

NOTIFY [REDACTED]

REL TO CHILD [REDACTED]

NARRATIVE ACCOUNT:

[REDACTED] CAME FROM POLICE, REFERRED TO DHS BY [REDACTED]. [REDACTED] TOLD [REDACTED] HE RECEIVED CALL FROM JAYLIN REQUESTING POLICE ASSISTANCE IN RETURNING [REDACTED] TO HER. JAYLIN DIDN'T WANT THE [REDACTED] TO KEEP [REDACTED]. [REDACTED] TOLD SW THAT SHE DOESN'T WANT [REDACTED] RETURNED TO MOTHER. [REDACTED] ASKED IF CPS COULD PREVENT THE POLICE FROM TAKING [REDACTED] AWAY FROM THEM. SW TOLD [REDACTED] THAT SHE WASN'T AUTHORIZED TO DO THIS. [REDACTED] TOLD SW THAT JAYLIN HAD SIGNED A PAPER DESIGNATING PETER'S SISTER (DOROTHY KEPANO) TO HAVE TEMP CUSTODY OF [REDACTED]. BECAUSE JAYLIN WAS GOING TO SEE HER NEWBORN BABY AT KAPIOLANI HOSP ON OAHU. ACCORDING TO [REDACTED], DOROTHY BROUGHT [REDACTED] TO SEE [REDACTED] IN KONA AFTER [REDACTED] HAD ASKED TO SEE THEM. [REDACTED] TOLD SW THAT SHE NOTICED MARKS ON BOTH [REDACTED] WHEN SHE ASKED [REDACTED] HOW [REDACTED] GOT THE MARKS. [REDACTED] TOLD HER "PETER DID IT" AND THEN SHE ASKED [REDACTED] ABOUT THE MARK ON [REDACTED] AND [REDACTED] TOLD HER "PETER". AT THIS TIME WORKER WENT TO SEE THE [REDACTED] IN THE DHS WAITING

ROOM. [REDACTED] WAS WATCHING THE [REDACTED]. SW NOTICED A SLIGHT BROWNISH/YELLOWISH DISCOLORATION ON [REDACTED] CHEEK. ON [REDACTED] LOWER CHEEK A DARK PINK DISCOLORATION WAS SEEN. AS SW ATTEMPTED TO TALK TO CHN [REDACTED] TOLD [REDACTED] "TELL THE LADY WHO GAVE YOU THAT MARK, TELL HER". [REDACTED] WOULD NOT SPEAK WITH SW ABOUT THE MARKS OR ANYTHING ELSE. [REDACTED] COVERED [REDACTED] FACE WITH [REDACTED] HANDS AND TURNED AND FACED THE WALL. AT THIS TIME SW SPOKE TO SUPERVISOR, [REDACTED]. SW RETURNED TO SPEAK WITH [REDACTED] AND [REDACTED] AND INFORMED THEM THAT BECAUSE JAYLIN'S RESIDENCE IS IN EAST HAWAII THEY WOULD NEED TO CONTACT THE HILO CPS OFFICE TO MAKE A REPORT. SW GAVE HER NAME AND PHONE # AS WELL AS THE HILO CPS OFFICE PH ONE # TO THE [REDACTED].

06/02/91
19127.00.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-WK
WORKER'S FINDINGS REPORT

KINDRARR

CASE NO 00010700 CASE NAME ACCI, JAYLIN
TIDAKE NO 06471
WORKER

UNIT 70

DOCUMENTATION AND RELATED EVIDENCE

	REPORT/DOCUMENT	OBTAINED FROM	DATE
1	INTERVIEW/STAND-BY SW [REDACTED]	JAYLIN ACCI	05 08 1991
2	INTERVIEW/STAND-BY SW [REDACTED]	PETER KEMA SR	05 08 1991
3	INTERVIEW/STAND-BY SW [REDACTED]	[REDACTED]	05 08 1991
4	INTERVIEW (CAC)	[REDACTED]	05 09 1991
5	SKELETAL SURV 91-1458 [REDACTED]	J.H. IMAGING	05 10 1991
6	SKELETAL SURV 91-1457 [REDACTED]	W.H. IMAGING	05 10 1991

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 05 09 1991 15 00

PHYSICAL ABUSE OF [REDACTED] BY PETER KEMA SR CONFIRMED BASED ON:
 ***STATEMENTS BY [REDACTED] THAT [REDACTED] MOTHER'S BOYFRIEND (PETER KEMA SR)
 HIT [REDACTED] ON THE ARMS, LEGS AND "OKOLE" AND PULLS [REDACTED] HAIR.
 ***STATEMENTS BY [REDACTED] THAT [REDACTED] OBSERVED PETER HIT [REDACTED]
 [REDACTED]
 ***OBSERVATIONS BY SW ON 5/9/91 OF FACIAL MARKS/DISCOLORATIONS ON
 [REDACTED]
 ***STATEMENTS MADE BY [REDACTED] TO [REDACTED] THAT
 PETER HAD HIT [REDACTED] AND [REDACTED]
 ***AND JUSTIFIABLE EXPLANATION OF THE FACIAL INJURIES BY THE MOTHER OR
 HER BOYFRIEND, PETER KEMA SR.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 05 28 1991 13 26

NEEDED SERVICES IDENTIFIED NEEDED SERVICES INITIATED
 CASE TRANSFERRED FOR CASE MANAGEMENT CASE CLOSED

REASONS FOR ACTION PHYSICAL ABUSE OF [REDACTED] BY MOTHER'S LIVE-IN
 BOYFRIEND, PETER KEMA SR., CONFIRMED. [REDACTED] WERE TAKEN INTO PROTECTIVE
 CUSTODY AND PLACED [REDACTED] TPO
 WAS AWARDED TO THE THE OHS WITH CONTINUED PLACEMENT [REDACTED]
 BECAUSE THE MOTHER'S RESIDENCE IS IN EAST MO THE SERVICE PLAN HEARING WILL BE
 IN HILO & THE CASE IS BEING TRANSFERRED TO HILO FOR CASE MANAGEMENT SERVICES.

SIGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

State of Hawaii
Department of Human Services

Public Welfare Division

CPS INTAKE FORM

T. NO: _____ DATE: 5 / 8 / 91 TIME: 5:00 pm

CLIENT NAME: _____ PRIOR: _____ ACT: _____ UNIT/WKR: _____

ST _____ IM _____ ST _____

CELLER: _____ PHONE: _____

ADDRESS: Kona Police SHRID: _____ RPT: _____ NOTIFY: _____

LAST, FIRST, M.I. S R DOB SCH/EMP REL MS SS#

(1): _____

(2): _____

(3): _____

(4): _____

ADDRESS: _____ CT _____ ZIP: _____

PERP: Peter Kema - mother's live-in boyfriend

ADDRESS: 28-2926 Kumula St. #Q26 Pepeekeo, Hilo PH (H): 964-5811 (B): _____

CR (01): Jaylin Acol - mother

ADDRESS: 28-2926 Kumula St. #Q26 Pepeekeo, Hilo PH (H): 964-5811 (B): _____

CR (02): Peter Kema

ADDRESS: _____ PH (H): _____ (B): _____

OTHER: _____

SA: _____ PN: _____ MN: _____ PSY A: _____ PSY N: _____ RISK: _____ GCI: _____ RO: _____ IO: _____

OFF: _____ DATE: _____ TIME: _____

CUST: _____ BKG #: _____ TIME: _____ ESH: _____

HOSPITAL: _____ OTHER: _____

OTHER INFO: _____ is caring for _____ mother wants

_____ to return home. _____ afraid for

_____ safety if returned to mother and her boyfriend.

LLER'S ACCOUNT: Standby worker saw [redacted] had yellowish bruise on left cheek approx. 1/4" diameter. [redacted] reported "Uncle Peter spank me." [redacted] also reported [redacted] is afraid of Uncle Peter and wants to stay with [redacted]. [redacted] had yellowish bruise on right cheek approx. 1/4" diameter. [redacted] was not able to make any report due to her age. [redacted] told worker "Uncle Peter spank [redacted] and mommy."

Police took [redacted] into protective custody. Standby worker placed children [redacted].

Mother and her boyfriend came to Kona Police Station. Police interviewed them and will be forwarding their report. Police also interviewed [redacted] and will forward that information to CPS as well.

EN BY: [redacted] DATE: 5/8/91 TIME: 5:00pm COMP. BY: _____ DATE: _____ TIME: _____
 SIGNED BY: _____ TO: _____ DATE: _____ TIME: _____

TP - HAWI/OKLAHOMA/CPSS COMPUTER CHECK

CASE NAME: (Last name, First, M.I.) *Acad, Jaylin M.*

Alias:

Birthdate: *04-10-1970*

SS#: [REDACTED]

Residence Address:

Mailing Address:

Phone:

Census Tract:

CPSS#: *10780*

Status: *Closed*

Unit/Wrkr:

70 [REDACTED]

HAWI#: *35364*

Status: *Open*

Program: *FS*

Unit/Wrkr:

[REDACTED]

Food Stamp Authorized Person:

OKLAHOMA#:

Status:

Unit/Wrkr:

DLC:

Members on Case:

Name

Birthdate

SS#

[REDACTED]
Acad, Jaylin M.

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Kema, Peter J. J.

Other Significant Members:

Name

Birthdate

SS#

[REDACTED]
[REDACTED]
[REDACTED]

**Guidelines and Risk Factors
For CA/N Intake**

CASE NAME: Acad, Jaylin
CASE NUMBER: 10780
WORK: [REDACTED] DATE: 08-12-91

All Sections MUST Be Completed

FACTORS	Scoring
<p>I. HARM If harm is multiple, assess most serious/severe harm.</p> <p>A. Severity of harm according to key (see reverse side): 0 = Low Severity 4 = Intermediate Severity 8 = High Severity</p> <p>B. Need for Intervention: 0 = No discernable effect on the child, treatment/intervention not necessary 4 = Child may require treatment/intervention. 8 = Child requires immediate treatment/intervention; poly-harm</p>	<p>I. HARM Add scores for factors A and B. Divide total score by number of factors (1 or 2) known and scored.</p> <p>Score for factor A: <u>8</u></p> <p>Score for factor B: <u>8</u></p> <p>Part I total score (A+B): <u>16</u></p> <p># of Factors scored: <u>2</u></p> <p>Adjusted score, Part I. = <u>8</u></p>
<p>II. VULNERABILITY If multiple children involved, complete for youngest child.</p> <p>A. Age: 0 = 13 yrs./older 1.5 = 10 thru 12 yrs. 3 = 5 thru 9 yrs. 4.5 = 2 thru 4 yrs. 6 = less than 2 yrs.</p> <p>B. Physical and Mental Abilities: (If unknown, do not score this factor) 0 = No physical/mental handicaps or limitations 3 = Some mention of a condition but no specifics 6 = Severely impaired; totally dependent on caretaker</p>	<p>II. VULNERABILITY Add scores for factors A and B. Divide total by number of factors known and scored.</p> <p>Score for factor A: <u>6</u></p> <p>Score for factor B: <u>3</u></p> <p>Part II total score (A&B): <u>9</u></p> <p># of Factors scored: <u>2</u></p> <p>Adjusted score, Part II. <u>4.5</u></p>
<p>III. RISK OF REOCCURRENCE Score every factor.</p> <p>A. Previous harm to children in the family: 0 = No known previous harm 1 = Some mention by family/reporter of history of harm; not previously reported 2 = Previous documented history (M.D.'s records, service provider's records, etc); <u>UNKNOWN</u> 3 = Previous reported CPS harm, but not confirmed 4 = Previous confirmed reports</p> <p>B. Perpetrator Access 0 = Perpetrator not likely to reharmed child (For PA/SA - perpetrator out of home; no access to child; child removed); NEGLECT - parent present to provide needed care) 2 = Perpetrator has opportunity to reharmed (PA/SA - limited access; NEGLECT - parent present to provide needed care) 4 = Perpetrator likely to reharmed (PA/SA - perpetrator has complete access; NEGLECT - parent denies problems)</p>	<p>III. RISK OF REOCCURRENCE Add scores for factors A thru E. Divide total by 5 (number of factors).</p> <p>Score for factor A: <u>4</u></p> <p>Score for factor B: <u>4</u></p>

03/12/91
06:49:42.7

CASE FAMILY MEMBER SUMMARY

KFHCS047

CASE NO 00010760 CASE NAME ACOL, JAYLIN
CASE STATUS ACTIVE

	FNN	CLIENT NO	NAME	BIRTH DATE	V/P/E
1	01	0000034201	[REDACTED]	00/00/0000	
2	02	0000033870	ACOL, JAYLIN M	04/10/1970	
3	03	0000033869	KEMA SR., PETER	08/20/1952	P
4	20	0000033871	[REDACTED]	[REDACTED]	V
5	21	0000033872	[REDACTED]	[REDACTED]	V
6	22	0000033873	KEMA JR., PETER	05/01/1991	
7	50	0000034213	[REDACTED]	00/00/0000	
8	51	0000034215	[REDACTED]	00/00/0000	

NEXT 0604 KEY

4B

Aa

80--SESSION1 R 24 C 7

SEL NO ___ END DATA
0-015 8:57 8/12/91

NOTICE OF TERMINATION OR REDUCTION OF SERVICE

To:

8-28-91
Date

Ms Acol + Mr Kema
28-2926 Kumula St # Q26
Pepeekeo, HI 96783

1. Beginning 8 / 30 / 91 (date of action) the Department will:
Month Day Year

- a. Discontinue services at Family Support Service / Mother Infant Support Team
POS Provider
- b. Reduce your service payment for _____
from \$ _____ to \$ _____.
- c. Stop paying the \$ _____ a month it has been paying for _____.
- d. Discontinue casework counseling.

2. The Department is reducing or stopping this service because of the following regulations and reasons:
(applicable manual sections and reasons)

Alternative services were arranged through
QLCC

3. If you do not agree with the above proposed changes, you have a right to a conference with a representative of the Department's local office to talk about the proposed action. At the conference you may speak for yourself or be represented by a lawyer, friend, or other person.

You also have a right to ask for a fair hearing. Your request must be written and must state that you want a hearing and why you are dissatisfied. The local office will give you the Department's form for a fair hearing or you can write your request on any other paper. The office can help you complete the form. If you believe the above action to be wrong, social services may continue if your request for a fair hearing is received up to the day before the date of the action and will continue until the fair hearing decision has been reached. Otherwise, action will be taken as cited above. However, you still have 90 days to ask for a fair hearing. Your written request for a hearing must be received by this Department within 90 days of the date of this notice.

At the fair hearing you have the right to be represented by a lawyer, friend, relative, or any other person you wish. If you wish, the Department can give you information about a local Legal Aid Office or community agency which will provide advice or representation at no cost.

[Redacted] CWS II [Redacted]
Worker Unit Phone No.

REQUEST FOR COPY OF VITAL STATISTICS RECORD

TO: Certified Copies Section
Research, Planning & Statistics Office
State Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801

FROM: State of Hawaii
Dept. of Human Services
Family & Adult Services Div.

For official use by the Family & Adult Services Division, Department of Human Services, please furnish 1 copy(ies) of the following:

[] BIRTH: Full Name of Child Peter Kema JR
Date of Birth 5-1-91 Place _____
Full Name of Father Peter Kema SR
Full Name of Mother Jaylin M. Acot
Maiden Name _____

[] DEATH: Full Name of Deceased _____
Date of Death _____ Place _____

[] MARRIAGE: Full Name of Groom _____
Full Name of Bride _____
Date of Marriage _____ Place _____

[] DIVORCE: Full Name of Groom _____
Full Name of Bride _____
Date of Divorce _____ Place _____

REASON FOR REQUEST:

- [] Official investigation of possible fraud/overpayment determination
- [] Required by Probate Court to establish decedent's estate
- [] Adoption
- [] Termination of parental rights
- Other (Specify) DHS Records

By [Redacted] (Worker's Signature) [Redacted] (Telephone) 8-21-91 (Date)

70 (Unit) DHS P.O. Box 1562 Hilo, HI. 96721 (Address)

SEND TWO COPIES TO STATE DEPARTMENT OF HEALTH (address above) WITH SELF-ADDRESSED ENVELOPE STAMPED OR MARKED "VIA STATE MESSENGER".

7. Department of Health: Fill in below if request cannot be met. Copies requested above cannot be furnished because _____

CERTIFIED COPIES SECTION
Research, Planning & Statistics Office

By _____

REQUEST FOR COPY OF VITAL STATISTICS RECORD

TO: Certified Copies Section
Research, Planning & Statistics Office
State Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801

FROM: State of Hawaii
Dept. of Human Services
Family & Adult Services Div.

For official use by the Family & Adult Services Division, Department of Human Services, please furnish 1 copy(ies) of the following:

BIRTH: Full Name of Child _____
Date of Birth _____ Place _____
Full Name of Father _____
Full Name of Mother Jaylin M. Acoh
Maiden Name _____

DEATH: Full Name of Deceased _____
Date of Death _____ Place _____

MARRIAGE: Full Name of Groom _____
Full Name of Bride _____
Date of Marriage _____ Place _____

DIVORCE: Full Name of Groom _____
Full Name of Bride _____
Date of Divorce _____ Place _____

I. REASON FOR REQUEST:

- Official investigation of possible fraud/overpayment determination
- Required by Probate Court to establish decedent's estate
- Adoption
- Termination of parental rights
- Other (Specify) FOR RECORDS

II. _____ (Worker's Signature) _____ (Telephone) 8-21-91 (Date)

70
(Unit)

DHS P.O. Box 1562 Hilo 96721
(Address)

END TWO COPIES TO STATE DEPARTMENT OF HEALTH (address above) WITH SELF-ADDRESSED ENVELOPE STAMPED OR MARKED "VIA STATE MESSENGER".

V. Department of Health: Fill in below if request cannot be met. Copies requested above cannot be furnished because _____

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Research, Planning & Statistics Office

By _____

REQUEST FOR COPY OF VITAL STATISTICS RECORD

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Research, Planning & Statistics Office
State Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801

FROM: State of Hawaii
Dept. of Human Services
Family & Adult Services Div.

For official use by the Family & Adult Services Division, Department of Human Services, please furnish 1 copy(ies) of the following:

BIRTH: Full Name of Child _____
Date of Birth _____ Place _____
Full Name of Father _____
Full Name of Mother Jaylin M Acol
Maiden Name " " "

DEATH: Full Name of Deceased _____
Date of Death _____ Place _____

MARRIAGE: Full Name of Groom _____
Full Name of Bride _____
Date of Marriage _____ Place _____

DIVORCE: Full Name of Groom _____
Full Name of Bride _____
Date of Divorce _____ Place _____

REASON FOR REQUEST:

- Official investigation of possible fraud/overpayment determination
- Required by Probate Court to establish decedent's estate
- Adoption
- Termination of parental rights
- Other (Specify) FOR DHS RECORDS

II. _____ 8-21-91
(Worker's Signature) (Telephone) (Date)

70 DHS PO. Box 1562 Hilo, HI 96721
(Unit) (Address)

SEND TWO COPIES TO STATE DEPARTMENT OF HEALTH (address above) WITH SELF-ADDRESSED ENVELOPE STAMPED OR MARKED "VIA STATE MESSENGER".

V. Department of Health: Fill in below if request cannot be met. Copies requested above cannot be furnished because _____

CERTIFIED COPIES SECTION
Research, Planning & Statistics Office

By _____

COPY

[REDACTED]

Foster Parents

of [REDACTED] are hereby granted a
Residence

Certificate of Approval

three (3) children, two females
as an Agency-supervised Foster Boarding Home to accept one male or one female child(ren)
two males ~~number~~
for boarding care from the Department of Human Services
licensed child-placing agency

This certificate is issued, to the above persons and residence only, for the period

April 14, 1991 to April 13, 1992 unless sooner revoked for cause. It is granted in
accordance with Section 346-17, Hawaii Revised Statutes, and Chapter 17-890,
Hawaii Administrative Rules.



DHS 1591 (Rev. 6/90)

[REDACTED]
DIRECTOR, DEPARTMENT OF HUMAN SERVICES
[REDACTED]
SIGNATURE OF AGENT
Hawaii Branch Administrator
TITLE OF AGENT

1991/04/14

REQUEST FOR COPY OF VITAL STATISTICS RECORD

TO: Certified Copies Section
Research, Planning & Statistics Office
State Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801

FROM: State of Hawaii
Dept. of Human Services
Family & Adult Services Div.

For official use by the Family & Adult Services Division, Department of Human Services, please furnish 1 copy(ies) of the following:

BIRTH: Full Name of Child _____
Date of Birth _____ Place _____
Full Name of Father _____
Full Name of Mother Jaylin M Acol
Maiden Name " " "

DEATH: Full Name of Deceased _____
Date of Death _____ Place _____

MARRIAGE: Full Name of Groom _____
Full Name of Bride _____
Date of Marriage _____ Place _____

DIVORCE: Full Name of Groom _____
Full Name of Bride _____
Date of Divorce _____ Place _____

I. REASON FOR REQUEST:

- Official investigation of possible fraud/overpayment determination
- Required by Probate Court to establish decedent's estate
- Adoption
- Termination of parental rights
- Other (Specify) FOR DHS RECORDS

II. _____ (Worker's Signature) _____ (Telephone) 8-21-91 (Date)

70 (Unit) DHS PO. Box 1562 Hilo, HI 96721 (Address)

SEND TWO COPIES TO STATE DEPARTMENT OF HEALTH (address above) WITH SELF-ADDRESSED ENVELOPE STAMPED OR MARKED "VIA STATE MESSENGER".

IV. Department of Health: Fill in below if request cannot be met. Copies requested above cannot be furnished because _____

CERTIFIED COPIES SECTION
Research, Planning & Statistics Office

By _____

REQUEST FOR COPY OF VITAL STATISTICS RECORD

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State Department of Health
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Honolulu, Hawaii 96801

FROM: State of Hawaii
Dept. of Human Services
Family & Adult Services Div.

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BIRTH: Full Name of Child _____
Date of Birth _____ Place _____
Full Name of Father _____
Full Name of Mother Jaylin M. Acoh
Maiden Name _____

DEATH: Full Name of Deceased _____
Date of Death _____ Place _____

MARRIAGE: Full Name of Groom _____
Full Name of Bride _____
Date of Marriage _____ Place _____

DIVORCE: Full Name of Groom _____
Full Name of Bride _____
Date of Divorce _____ Place _____

REASON FOR REQUEST:

- Official investigation of possible fraud/overpayment determination
- Required by Probate Court to establish decedent's estate
- Adoption
- Termination of parental rights
- Other (Specify) FOR RECORDS

I, _____ (worker's signature) _____ (telephone) 8-21-91 (Date)

70 (Unit) DHS P.O. Box 1562 Hilo 96721 (Address)

SEND TWO COPIES TO STATE DEPARTMENT OF HEALTH (address above) WITH SELF-ADDRESSED ENVELOPE STAMPED OR MARKED "VIA STATE MESSENGER".

Department of Health: Fill in below if request cannot be met. Copies requested above cannot be furnished because _____

CERTIFIED COPIES SECTION
Research, Planning & Statistics Office

By _____

Y=91231 TIME=15:19:44 TERM=K4D1 OP=LMO NO=034315652 NAME=KACOL JAYLIN

NOTIFICATION OF DISPOSITION OF APPLICATION

To: Ms. Angela Acol
28-2726 Dunlap St Q26
Peoria, IL 61675-3

6-24-71
Date

CPS-010780
Case No.

K
Cat.

Peter Kinn Jr
Recipient

K
Cat.

Angela Acol
Recipient

Dear Ms Acol:

K
Cat.

Peter Kinn (CPS)
Recipient

You have been determined:

1. Eligible Presumptively (Temporarily) eligible for CPS/support service effective 6-24-71 (Date)

a. MIST assessment / treatment services will be provided by Family Support Services beginning 6-24-71
(Type of Service(s)) (POS Provider(s)) (Date)

b. Monthly payment of \$ for beginning
(Date) (Type of Service) (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 Child Welfare Services Unit 2 (Unit) 933 4251 (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 CWS 2 Unit Telephone

06/02/91
18:34:02.2

CASE FAMILY MEMBER SUMMARY

KFHCS04M

CASE NO 00010780 CASE NAME ACOL, JAYLIN
CASE STATUS ACTIVE

	FMN	CLIENT NO	NAME	BIRTH DATE	V/P/B
1	01	0000034201	[REDACTED]	00/00/0000	
2	02	0000033870	ACOL, JAYLIN M	04/10/1970	
3	03	0000033869	KEMA SR., PETER	08/20/1952	P
4	20	0000033871	[REDACTED]	[REDACTED]	
5	21	0000033872	[REDACTED]	[REDACTED]	
6	22	0000033873	KEMA JR., PETER	05/01/1991	
7	50	0000034213	[REDACTED]	00/00/0000	
8	51	0000034215	[REDACTED]	00/00/0000	

NEXT CS04 KEY

B

Aa

80--SESSION1

R-24 C 7

SEL NO

END DATA

0-007 18:36 6/01/91