



HINET Application

INSTRUCTIONS: Fill in all sections. Return your completed application to your local HINET Office. Please call your campus HINET Office if you have any questions or need assistance.

CONTACT INFORMATION

Student's Name: _____

Street Address: _____ City/State/Zipcode: _____

Phone: Home (_____) _____ Cell (_____) _____ Okay to text. Yes No

UH ID / Username: _____ Other Email: _____

Date of Birth: _____ (mm/dd/yyyy) I am a U.S. Citizen. Yes No I am a Hawai'i Resident. Yes No

My current Major is: _____

Previous degree awarded: _____

My career goals/interests are: _____

ELIGIBILITY

Please check the box that applies to your situation:

- I am currently receiving SNAP (food stamps) benefits.
- I am not receiving SNAP but am interested in applying for SNAP benefits.

Check all that apply:

- I am currently employed. Hourly wage: \$ _____ Hrs/week: _____
- I am currently unemployed.

HOME CAMPUS I am currently enrolled at: (select one)

- Hawai'i CC Kapi'olani CC UH Maui C
- Honolulu CC Leeward CC Windward CC Kaua'i CC

Are you Native Hawaiian? (optional) Yes No

Are you currently receiving TANF (Temporary Assistance for Needy Families) Program? Yes No

I have completed the FASFA for the academic year _____ - _____ .

How many people are in your household including yourself? _____

How did you hear about the HINET Program? Flyer Friend Counselor name: _____ Other: _____

OFFICIAL USE ONLY:

A referral / DHS 880 has been used to change eligibility code?

Yes No
(initial one)

Entered into database.

(initial)

Transferred to:

(campus)

on _____
(date)

STUDENT COMMITMENT

PLEASE INITIAL AND SIGN BELOW

My initials and signature below indicate that if I am selected and while I am in the program, I understand and agree:

_____ I will immediately contact a HINET staff member if my income, program of study or enrollment changes.

_____ I am responsible for meeting with a HINET staff member at least monthly to verify monthly career activity.

_____ I will follow the Student Code of Conduct outlined in Executive Policy 7.208 and maintain honesty and integrity throughout the HINET program.

Signature _____ Date _____ (mm/dd/yyyy)



HINET Applicant Questionnaire

Visit your campus HINET office for assistance to:

- Haw CC** (808) 934-2689 ✉ myhinet@hawaii.edu
- Hon CC** (808) 844-2391 ✉ hinethon@hawaii.edu
- Kap CC** (808) 734-9341 ✉ hinetkap@hawaii.edu
- Kau CC** (808) 245-0106 ✉ kcchinet@hawaii.edu
- Lee CC** (808) 455-0563 ✉ hinet2@hawaii.edu
- UHMC** (808) 984-3403 ✉ hinetmau@hawaii.edu
- Win CC** (808) 235-7386 ✉ hinet@hawaii.edu

Student Information

Legal Name: _____ UH ID / Username: _____

Best way to contact you. Email: _____ Phone #: _____

Age: _____

How many credits and/or non-credit clourses are you enrolled in? Please list courses you are registered for.

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

What is your "end game" career goal? _____

Please list your home campus. _____

Who do you live with? (Please check all that apply.)

- Alone
- Children
- Parents/Legal Guardian
- Relatives
- Spouse
- Roommates (not related)

What semester are you currently enrolled in?

- Spring
- Summer
- Fall
- Non-credit

Are you currently working?

- Yes, Full time / Part-time (circle one)
- How many hours per week do you work? _____
- No, not working

Are you receiving any State assistance? (check all that apply.)

- SNAP (Supplemental Nutrition Assistance Program aka Food Stamps/EBT)
- TANF (Temporary Assistance for Needy Families)
- SSDI (Social Security Disability Income)

SNAP GROSS INCOME STANDARDS (effective 10/1/19)	
Household Size	200% Monthly Gross Income
1	\$2,328
2	\$3,244
3	\$4,090
4	\$4,938
5	\$5,784
6	\$6,630
7	\$7,478
8	\$8,324
ea. additional member	+\$848

Are you a U.S. Citizen/U.S. National, or permanent resident for at least 5 years?

- Yes
- No

If you have any extenuating circumstances or are unable to work for the next 12 months please list them below. (ie. homelessness, foster care system, etc.)

UNIVERSITY OF HAWAII

CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

I, _____, _____, _____, hereby
(Full Name) (UH Login) (Birthdate)

consent to have my education records for the **calendar year, 2021** disclosed to the following authorized individual(s) or department(s): **State of Hawaii Department of Human Services, Goodwill Industries, Hawaii Community Foundation, Alu Like, Kamehameha Schools, Department of Labor and Industrial Relations, and other departments at the University of Hawaii.**

Specific Records Disclosed:

- | | |
|---|--------------------------------|
| ✓ Signed Employment Plan | ✓ Copies of class registration |
| ✓ Monthly Participation Verification | ✓ Copies of report cards |
| ✓ Good cause documentation | ✓ Work-study documents |
| ✓ Any community college document related to HINET | ✓ Support services documents |
| | ✓ Reimbursements |

Reason for Disclosure:

To show and maintain eligibility for SNAP benefits and HINET Program

(Student's Signature)

(Date)

This request may be cancelled at any time by the student. Requests to cancel must be submitted in writing.

(This form is required by the Family Education Rights and Privacy Act of 1974)

FERPA Form 7 (2013)

Per AP 7.022 effective April 2015