

Consolidations Appropriations Act

The COVID-19 pandemic has had a negative impact in so many ways on most of us, but foster youth and former foster youth are among the most vulnerable. The Consolidations Appropriations Act (Pandemic Act) was enacted into law on December 27, 2020.

Hawai`i was awarded recovery act dollars to provide flexible support for foster youth and former foster youth. Flexible support could help with rent, food, and other urgent expenses. EPIC `Ohana is assisting Child Welfare Services with distributing these funds. Like most recovery act funds, the total amounts are limited, so priority will be given to those with the greatest and most urgent needs.

This survey will let us know of your interest in receiving assistance and to help us assess your needs.

Presented and supported by the Department of Human Services - Child Welfare Services.

Demographics

* 1. First and Last Name

* 2. Gender Identity

* 3. What is your date of birth (birthdate)

* 4. Current Age

* 5. In order for us to follow up with you, it is important that we have your contact information.

Mailing Address

Email Address

Phone Number

Alternative Email Address

Alternative Phone Number

* 6. Where do you live?

- Oahu
- Hawaii (Hilo & Kona)
- Kauai and Niihau
- Maui, Lanai, and Molokai
- Out of State (please specify)

*** 7. What is your racial background? (Please check all that apply.)**

White or Caucasian

American Indian or Alaska Native

Black or African American

Native Hawaiian / Part Native Hawaiian

Hispanic or Latino

Other Pacific Islander

Asian or Asian American

Other (please specify)

*** 8. Which of these legal statuses describe your situation?**

Currently in Foster Care

Legal Guardianship

Aged Out of Foster Care

Adopted

Currently in Imua Kakou

Not Sure

Reunified

Other (please specify)

*** 9. What is your parenting status?**

Expectant Parent

Parenting

Not Applicable

Needs

On this page, we will be gathering more information about your needs.

* 10. How much money would you like to request? (up to \$1,000.00)

* 11. What would you need the money for? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Housing (i.e. rent) | <input type="checkbox"/> General Expenses (i.e. food, supplies, etc.) |
| <input type="checkbox"/> Education (i.e. textbooks, tuition, etc.) | <input type="checkbox"/> Transportation (i.e. bus pass, car payment, car insurance, etc.) |
| <input type="checkbox"/> Utility Bills (i.e. water, electric, phone, wifi, etc.) | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Vital Documents (state ID, driver's license, birth certificate) |
| <input type="checkbox"/> Other (please specify) | |

* 12. Tell us more about how you plan to use the money.

13. If more than \$1,000.00 is needed, how much would you need and what would you use it for?

* 14. Besides money, what do you feel is your next biggest need that you could use support on? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Information on avoiding eviction | <input type="checkbox"/> Finding a therapist |
| <input type="checkbox"/> Help on filling out a housing application | <input type="checkbox"/> Connecting with peers |
| <input type="checkbox"/> Assistance on applying for section 8 / HUD | <input type="checkbox"/> Information about ways to stay active and participate in activities |
| <input type="checkbox"/> Advice on renting | <input type="checkbox"/> Applying for public assistance |
| <input type="checkbox"/> Finding a place to live | <input type="checkbox"/> Getting a bank account |
| <input type="checkbox"/> Preparing for a job interview | <input type="checkbox"/> Help to create a budget |
| <input type="checkbox"/> Writing a resume | <input type="checkbox"/> Applying for unemployment |
| <input type="checkbox"/> Obtaining employment | <input type="checkbox"/> Help with school |
| <input type="checkbox"/> Getting groceries | <input type="checkbox"/> Learning how to drive |
| <input type="checkbox"/> Applying for food stamps | <input type="checkbox"/> Taking my driver's test |
| <input type="checkbox"/> Finding a doctor | <input type="checkbox"/> Finding a childcare provider |
| <input type="checkbox"/> Help getting medical insurance | |
| <input type="checkbox"/> Other (please specify) | |

COVID Impact

On this page, we will be gathering more information about the impact that COVID has had on your overall well-being.

* 15. COVID-19 impacted me in these areas: (please select all that apply)

- Housing
- Employment
- Financial Security
- Education
- Other (please specify)

16. If you are comfortable, please share with us more information about how COVID-19 has impacted you in the areas listed above.

* 17. Would you like to receive information about future events, opportunities, and resources?

- Yes
- No