Clear Form

APPLICATION FOR ENROLLMENT – HOPE PROGRAM

What is the HOPE Program?

The Higher Opportunity for Pathways to Employment (HOPE) Program helps families with low incomes afford education beyond high school. The HOPE Program offers eligible students financial supports for costs related to education. If you need support with things such as child care, transportation, tuition or books, the HOPE Program is here to help you stay on track and reach your goals! For more detailed information, please visit the HOPE website at: www.maine.gov/dhhs/ofi/hope

Do I Qualify?

You may qualify if you:

1. Are a parent caretaker-relative of a minor child living in the home
2. Have been accepted to, or are enrolled in a post-secondary education or training program, or are in remedial courses to enroll
3. Are at or below the income limits based on your Family Unit size
4. Have $10,000 or less in countable assets (some things like your home and primary vehicle don't count)
5. Are a Maine resident
6. Are a U.S. Citizen or qualified non-U.S. Citizen
7. Are not getting a monthly TANF or PaS payment

PART I: Applicant Information

Applicant Name: _____

Date of Birth: _____ SSN: _____

Marital Status: _____ ☐ US Citizen ☐ Non-US Citizen

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing address same as your home address? ☐ Yes ☐ No

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile phone: _____

E-Mail Address: _____

Receive Department notices through email? ☐ Yes ☐ No

RETURN APPLICATIONS TO:

Applications may be returned to any regional DHHS office

State of Maine - DHHS
Office for Family Independence – HOPE
11 Statehouse Station
Augusta, ME 04330

Phone:
207.624.4170

Fax:
207.287.3455

E-Mail:
HOPE.DHHS@Maine.gov

Applications require your signature and your mailing address to be processed

DATE RETURNED TO DEPARTMENT:

PART II: Family Unit Information

A. Not including yourself, please list all other people living with you in your Family Unit using the table below. List only the social security numbers for the adult members of your Family Unit. Please let us know if anyone in your Family Unit is already receiving services from other DHHS programs, and if so, which ones.

Name	DOB	SSN	Relationship	Current Services from DHHS

B. Are you currently participating in any of the following programs?

☐ FSET ☐ Child Care Subsidy Program ☐ Competitive Skills Scholarship Program
☐ Vocational Rehab ☐ Apprenticeship Program ☐ Ticket to Work

C. Are you currently pregnant? ☐ Yes ☐ No If yes, please provide your due date: _____

You can skip Parts III and IV if you told us you are receiving services from another DHHS program, you have verified your income in the previous 90 days, and your income and assets have not changed in the past 90 days.

PART III: Family Unit Income

Please tell us about all the income for adults (members age 18 or older) in your Family Unit.

A. For all adult members of your Family Unit who are employed, please complete the below table.

Name	Employer Name	Hours Per Week	Hourly Pay	Frequency of Pay

B. For all adult members of your Family Unit who are self-employed, please complete the below table.

Name	Name of Business	Type of Business	Start Date of Business	Previous Year's Profit/Loss

C. For all adults in your Family Unit getting unearned income, please fill out the table below. Some of this income may not be counted but must be reported. This may be SSI, SSDI, Survivor benefits, Retirement benefits, Unemployment benefits, Worker's Compensation benefits, child support received, alimony received etc.

Name	Type of Income	Initial Start Date	Frequency of Pay	Gross Amount

PART IV: Deductions

A. HOPE allows you to deduct from your income certain government withholdings from your pay, such as back taxes, child support paid out, alimony paid out, or student loans. If applicable, please identify these expenses below:

Name	Type of Deduction	Frequency of Deduction	Amount

PART V: Assets

Please tell us about any assets owned by you, or jointly owned by you and another person.

A. List your bank accounts or other liquid assets, in the table below. Liquid assets may include checking and savings accounts, stocks, bonds, IRAs, 401(k) accounts, money market accounts, mutual funds etc.

Bank or Holder Name	Account Type	Cash Balance or Value	Jointly Owned?

B. List you and your spouse's vehicles, in the table below. Vehicles may include cars, trucks, SUVs, vans, motorcycles, all-terrain vehicles, boats, snowmobiles, recreational vehicles, trailers etc.

Year	Make & Model	Mileage	Amount Owed	Jointly Owned?

C. List your real estate, in the table below:

Real Estate Type and Location	Value of Property	Amount Owed	Jointly Owned?

PART VI: Training or Education Program and History

A. Please tell us about the training or education program that accepted you:

School Name: _____

School Address: _____

School Address 2: _____

City: _____ State: _____ Zip: _____

Program Name or Title: _____

☐ Certificate ☐ Associate ☐ Bachelor's ☐ Other

Is your program entirely online? ☐ Yes ☐ No

Desired Job Upon Completion: _____

Initial Start Date: _____ Expected Graduation Date: _____

Are you passing your classes? ☐ Yes ☐ No ☐ Haven't Started

Are you attending all your classes? ☐ Yes ☐ No ☐ Haven't Started

Attendance: ☐ Full-time ☐ Part-time Hours per week: _____

B. Please tell us about your past training or education:

Highest Grade Level Completed: _____

Do you have any other degree, license, certification or other industry recognized credential beyond high school? ☐ Yes ☐ No

If yes, please complete the following:

Degree, License or Certification Name: _____

School Name: _____

Date Graduated: _____ Location: _____

The HOPE Program has a maximum enrollment of 500 participants. In the event the HOPE Program is full at the time you file this application, would you like to be placed on a waitlist for enrollment? ☐ Yes ☐ No

IMPORTANT NOTE ABOUT THIS SECTION:

All education and training programs are subject to approval by the department and must:

1. Result in an industry recognized license, certification, credential or degree sought by employers within the State of Maine

2. Have an above average job outlook based on the information from Maine's Department of Labor*

3. If seeking a bachelor's, the degree must be in the area of engineering, technology, or healthcare

* For more information regarding the job outlook from the Maine Department of Labor, please visit:

www.maine.gov/labor/cwri or call the HOPE Program at (207) 624-4170

PART VII: Rights & Applicant Signature

A. Notification of Right to Request a Hearing

At the time of application, each household shall be informed in writing of its right to a hearing, of the method by which a hearing may be requested, and that its case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson. In addition, at any time the household expresses to the State agency that it disagrees with a State agency decision or action, it shall be reminded of the right to request a fair hearing. If there is an individual or organization available that provides free legal representation, the household shall also be informed of the availability of that service.

B. Release of Information

Release of information about a participant to other Offices and Divisions within the Department of Health and Human Services or agencies under contract with the HOPE Program will be made only when such release is directly related to the administration of the HOPE Program activity for which information is needed.

C. Applicant Signature

I understand and agree to provide requested verification on anything I've stated on the pages of this application. I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. If I have given incorrect information, my application may be denied and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those concerning citizenship or alien status are correct and complete for all persons applying for benefits.

I also understand and agree to allow the HOPE Program to receive wage information from the Maine Department of Labor following successful completion of the HOPE Program. I acknowledge that the Department may use the aggregated wage statistics as a means of measuring program performance and success.

Applicant Name, printed	Date of Birth
Applicant Signature	Signature Date

IMPORTANT: Read and complete this section if submitting this document electronically:

☐ By checking this box and typing my name in the Applicant Signature box above, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

The following questions are optional and are not used to determine eligibility for the HOPE Program and are not required for application. The data provided below will be used to make sure that Mainers are experiencing the program fairly and that the program is serving Maine students who could benefit from it.

A. Optional Identification of Demographic Information

What is your race?_____ ☐ Do not wish to identify

Do you have a disability? ☐ Yes ☐ No ☐ Do not wish to identify

Are you a veteran? ☐ Yes ☐ No ☐ Do not wish to identify

B. How did you hear about the HOPE Program?

☐ Maine.gov ☐ Facebook ☐ Friend or Family ☐ CareerCenter ☐ MEOC

☐ Navigator ☐ School ☐ DHHS Worker ☐ Other: _____

What Proof May I Need to Send to Complete My Application?

We may need proof of certain information you listed on your application. While you are not required to give proof with your application and HOPE will let you know what we need when we get your application, **supplying certain items with your application may help speed up the process.** If you are getting help from another Department of Health and Human Services program, some of this information may already be on file. Below are some examples of items HOPE may need.

Section	Examples of Verifications HOPE May Need:
Part I: Citizenship	
If you are a non-citizen:	• Immigration or naturalization documents
Part II: Family Unit Information	
If you are pregnant with no other minor children in your family unit:	• Medical statement indicating the date of birth
PART III: Family Unit Income	
If you reported employment income:	• Pay stubs for most recent 4 weeks • Signed statement from employer verifying gross wages
If you reported self-employment income:	• Federal income tax return • Self-employment business records (from past 3 months) if no tax return is available
If you reported unearned income:	• Social Security Award letter • Unemployment/worker's compensation benefits • Veteran/military benefits
PART IV: Deductions	
If you reported deductions:	• Child support or alimony payment records • Court order or divorce or separation papers showing alimony or child support agreement • Student loan records
PART VI: Training/Education Program	
If you have been accepted to, but not yet enrolled in a training/education program:	• Acceptance letter showing declared major or training program
If you are currently enrolled in a training/ education program, please provide proof of your enrollment, program of study, and grades:	• Unofficial transcript • Course registration • Copy of most recent grades • Letter from the institution stating the program of study • Other documentation that shows enrollment status, program of study or training, and grades/satisfactory progress