

HOPE BEGINS HERE

The Higher Opportunity for Pathways to Employment (HOPE) Program

HOPE may help cover costs associated
with pursuing training or education
beyond high school.



Who is Eligible?



Parents or caretaker relatives of
minor children who meet certain
income guidelines.

HOPE may help pay for:



Tuition



Books, Supplies, Tools



Transportation



Child Care

And other costs related to school



500
Student Cap

Find an application online
or at your local
DHHS office.



Questions?
Call, email, or visit
us online!

(207) 624-4170
HOPE.DHHS@maine.gov
www.maine.gov/dhhs/hope

HOPE

Quick Reference Guide

Participant Eligibility Criteria

| | |
|------------------------------|---|
| Parental Status | Parent or caretaker relative of a minor child who is living in the household |
| Income | At or below 185% FPL for Family Unit size. FPL's are found here: https://aspe.hhs.gov/poverty-guidelines |
| Assets | \$10,000 or less in assets |
| Age | 16 through 64 |
| Residency | Maine Resident |
| Citizenship | U.S. Citizen or Qualifying Non-Citizen |
| TANF/PaS | No member of the Family Unit can be receiving a TANF or PaS benefit |
| Previous Education | Must lack a Marketable Bachelor's Degree |
| Enrollment Status | 1. Must be accepted to or already enrolled in a post-secondary education program that meets HOPE Program Requirements below. 2. Less than half-time enrollment needs to be approved by the HOPE Program. |
| Satisfactory Progress | Must be making and maintain satisfactory progress in the training or education program |
| Maximum Enrollment | 500 Participant limit. There is a wait-list for Applicants who are denied because the program is full. |

Program of Study Eligibility Criteria

| | |
|----------------------------|--|
| Program Type | Eligible program types include: 1. Short-term occupational training programs 2. Certificate programs 3. Associate degree programs 4. Bachelor's degree programs. Bachelor's degree programs must be in a health care, engineering, or technology field |
| Institution | The Institution providing the program must meet the requirements below: 1. Must be accredited, recognized by trade or industry associations as preparing individuals for their desired occupation, or endorsed by a group of employers to address a skill gap. 2. For-Profit institutions need HOPE Program approval 3. Out-of-state institutions need HOPE Program approval |
| Online Programs | Programs entirely online need HOPE Program approval |
| Remedial Programs | Remedial programs must be necessary for enrollment in the training or education program the Applicant is pursuing |
| Average Job Outlook | The program must be in a field or industry that will lead to a job with at least an average job outlook. Average Job Outlook refers to jobs with <u>30 or more total annual openings</u> as reported by the Center for Workforce Research and Information (CWRI). Any applicant in a Program that does not meet this requirement may petition the Department to approve the program. To locate the CWRI Job Outlook list: 1. Follow this link: https://www.maine.gov/labor/cwri/ 2. Click the green "Job Outlook" button 3. Search for occupation either by "Occupational Group" (category) or "Detailed Occupation" (specific job) 4. Locate the "Annual Total Openings" column |

Support Services

| Support Service | Limit | Period |
|--|--|----------|
| Tuition and Fees (Current) | \$6,000 | Annual |
| Tuition and Fees (Prior) | \$1,500 | Lifetime |
| Child Care | Office of Child and Family Services Market Rate Cap | Weekly |
| Transportation | \$140 | Weekly |
| Books and Supplies Tools and Equipment | \$2,000 | Annual |
| Technology and Software | \$500 | Lifetime |
| Vehicle Inspection Vehicle Registration Vehicle Repair | \$1,000 | Annual |
| Vehicle Insurance | \$600 | Annual |
| Corrective Eyewear | \$200 | Annual |
| Dental Care | \$2,000 | Lifetime |
| Other Supports | \$500 | Annual |

The weekly period is Sunday to Saturday
The annual period is January 1st to December 31st

HOPE Program Contact Information

Phone: (207) 624-4170

Fax: (207) 287-3455

Email: HOPE.DHHS@maine.gov

Website: www.maine.gov/dhhs/hope

Mailing Address: Department of Health and Human Services, OFI-HOPE Program, 11 State House Station,
Augusta, ME, 04333





Office for Family Independence
11 Statehouse Station
Augusta, ME 04333
Ph: (207) 624-4170
F: (207) 287-3455
HOPE.DHHS@Maine.Gov

HOPE Support Services and Verifications

| Support Service | Required Verifications | Limits |
|--|--|---|
| Tuition and Fees (Current) | <ol style="list-style-type: none"> 1. Financial Aid award letter 2. Proof of registration or acceptance (if not yet registered) 3. Unofficial transcript (if applicable) 4. School invoice | \$6,000/Year |
| Tuition and Fees (Prior) | <ol style="list-style-type: none"> 1. Proof of inability to reenroll 2. Proof of inability to transfer credits 3. School invoice 4. Proof of payment in excess of Department payment | \$1,500/Lifetime |
| Child Care | <ol style="list-style-type: none"> 1. Financial Aid award letter 2. Completed child care packet 3. Course schedule | Varies per DHHS established Market Rates |
| Transportation | <ol style="list-style-type: none"> 1. Financial Aid award letter 2. Course schedule 3. Proof of valid registration, insurance, and Maine driver's license 4. Mileage calculation or receipts for travel expenses | \$140/Week |
| Books, Supplies, Tools, and Equipment | <ol style="list-style-type: none"> 1. Financial Aid award letter 2. Syllabus or letter from course instructor outlining requirements 3. Estimate or proof of purchase | \$2,000/Year |
| Technology and Software | <ol style="list-style-type: none"> 1. Document verifying requirement 2. Estimate or proof of purchase | \$500/Lifetime |
| Vehicle Inspection | <ol style="list-style-type: none"> 1. Proof of valid Maine driver's license 2. Proof of current registration 3. Proof of current insurance | \$1,000/Year |
| Vehicle Registration | <ol style="list-style-type: none"> 1. Proof of current insurance 2. Proof of valid Maine driver's license | |
| Vehicle Repair | <ol style="list-style-type: none"> 1. Proof of valid Maine driver's license 2. Proof of current registration 3. Proof of current insurance 4. Estimate from a licensed mechanic 5. Proof of payment in excess of Department payment | |
| Vehicle Insurance | <ol style="list-style-type: none"> 1. Insurance declaration page 2. Estimate or receipt 3. Proof of valid Maine driver's license 4. Proof of current registration | \$600/Year |
| Corrective Eyewear | <ol style="list-style-type: none"> 1. Estimate 2. Proof of necessity (such as prescription) | \$200/Year |
| Dental Care | <ol style="list-style-type: none"> 1. Document from the dentist verifying the necessity 2. Estimate | \$2,000/Lifetime |
| Other Supports | Varies depending on request | \$500/Year |

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**

HOPE



DATE RETURNED
TO DEPARTMENT:

APPLICATION FOR ENROLLMENT – HOPE PROGRAM

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 |
|------|------------------|------------------|------------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

APPLICATION FOR ENROLLMENT – HOPE PROGRAM

- 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? |
|-------------------------------|-------------------|-------------|----------------|
| | | | |
| | | | |

APPLICATION FOR ENROLLMENT – HOPE PROGRAM

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

APPLICATION FOR ENROLLMENT – HOPE PROGRAM

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: | <ul style="list-style-type: none"> • Immigration or naturalization documents |
| Part II: Family Unit Information | |
| If you are pregnant with no other minor children in your family unit: | <ul style="list-style-type: none"> • Medical statement indicating the date of birth |
| PART III: Family Unit Income | |
| If you reported employment income: | <ul style="list-style-type: none"> • Pay stubs for most recent 4 weeks • Signed statement from employer verifying gross wages |
| If you reported self-employment income: | <ul style="list-style-type: none"> • Federal income tax return • Self-employment business records (from past 3 months) if no tax return is available |
| If you reported unearned income: | <ul style="list-style-type: none"> • Social Security Award letter • Unemployment/worker's compensation benefits • Veteran/military benefits |
| PART IV: Deductions | |
| If you reported deductions: | <ul style="list-style-type: none"> • 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: | <ul style="list-style-type: none"> • 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: | <ul style="list-style-type: none"> • 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 |

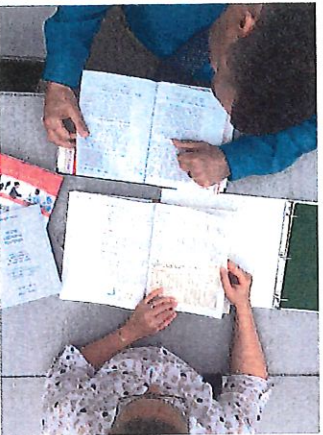
How Do I Apply?

If you are receiving assistance from another DHHS-Office for Family Independence program, we can start your application over the phone.

Or, you can find an application online at:

www.maine.gov/dhhs/hope

Or at your local DHHS office.



Submit completed applications by email, fax, or mail:

HOPE.DHHS@maine.gov

Fax: (207) 287-3455

DHHS-OFI

HOPE Program

11 State House Station

Augusta, ME 04333

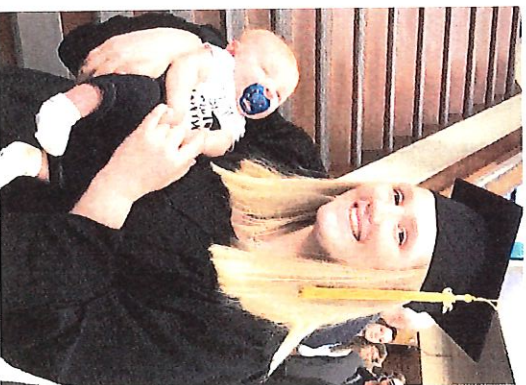
Or, return to your local DHHS office.

HOPE

**Contact us with
questions or for more
information!**

(207) 624-4170

www.maine.gov/dhhs/hope



HOPE

BEGINS HERE
Higher Opportunity for
Pathways to Employment (HOPE)



Helping Maine families pursue
training and education beyond
high school



Prepared by the Department of Health and Human
Services Office for Family Independence
9/30/19

What is HOPE?

The HOPE Program will help Maine families pursue training and education beyond high school and achieve their career plans by addressing barriers to success.

HOPE provides financial support to eligible parents for costs related to training and education to help parents enroll in and complete their training or education program.

Who is Eligible?

You might be eligible if:

- ✓ You are a parent or caretaker relative of a minor child.
- ✓ You are at or below 185% of the Federal Poverty Level. Visit our website to learn what this means for you.
- ✓ You are not receiving a monthly TANF or PAS cash benefit.
- ✓ You are enrolled in or have been accepted to an eligible training or education program that:
 - ✓ Awards a degree or certificate beyond high school.
 - ✓ Is accredited or recognized by trade and industry associations.
 - ✓ Leads to a job with at least 30 or more annual openings. Visit our website to learn what jobs are on this list.
 - ✓ Relates to a healthcare, technology, or engineering field if it is a bachelor's degree program.
- ✓ You are making satisfactory progress and are on track to graduate.

Did you know?

By 2020, **66%** of jobs in Maine will require more than a high school diploma.

21% of Maine college students 25+ years old are taking care of dependent children.

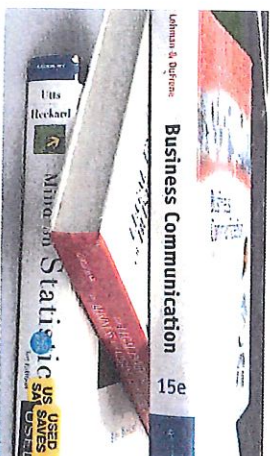
109,000 Maine adults have begun, but not completed, a program of study beyond high school.

Sources: Maine Center for Economic Policy, Maine SPARK, and Maine CWRI.



What Can HOPE Help With?

HOPE may help cover costs associated with going to school.



Student Navigators

HOPE offers all participants access to Student Navigators. Student Navigators stand ready to assist you on your journey! The support they will offer is based on what you decide you need, and choosing to meet with a Navigator is voluntary.



Call or visit our website for more information and to see if you are eligible
www.maine.gov/dhhs/hope