



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
CHILDREN WITH SPECIAL HEALTH NEEDS BRANCH
741 SUNSET AVENUE
HONOLULU, HI 96816

In reply, please refer to:
File:

**CYSHN SPECIALTY SUPPORT PROGRAM
FINANCIAL ELIGIBILITY GUIDELINES**

(Applicable only if financial assistance is being requested)

There are **no income criteria** for eligibility for **Specialty Support Program (SSP)** services. SSP services include:

1. Case management/care coordination
Includes referrals, advocacy, periodic assessment, service planning and coordination, and follow-up.
2. Participation in Neighbor Island Clinics
Examples include Cardiac, Nutrition, Developmental-Behavioral Pediatrics, and other specialty clinics.

Financial Assistance Eligibility

To qualify for **limited financial assistance** for medical services, the following criteria must be met:

- The child must not be eligible for other assistance programs such as CHIP or QUEST Integration/Med-QUEST.
- **Documentation of household income** is required to demonstrate that income is **at or below the specified levels** for the family size.

**Income eligibility thresholds are based on federal/state guidelines and may vary annually.*

Size of Family Unit*	Monthly Gross Income*	Annual Gross Income*
1	\$4,500	\$54,000
2	\$6,084	\$73,008
3	\$7,668	\$92,016
4	\$9,252	\$111,024
5	\$10,836	\$130,032
6	\$12,420	\$149,040
7	\$14,004	\$168,048
8	\$15,588	\$187,056
For each additional person, add:	\$1,584	\$19,008

U.S. HHS Poverty Guidelines for 2025:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>