



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

Please refer to this guide when making support service requests. *Note: The maximum amounts are not guaranteed to be approved. Based on unmet need, HOPE approves the least expensive support that is accessible and of acceptable quality.

IMPORTANT: Before any support can be paid, enrollment and satisfactory progress need to be verified. Make sure to send your current course schedule and previous semester's grades at the start of each semester.

Support Service	Required Verifications	Maximum Amount*
Tuition and Fees (Current)	 Financial Aid award letter Course registration or program acceptance, if not yet registered School invoice 	\$6,000/Year
Tuition and Fees (Prior)	 Proof of inability to reenroll or transfer credits School invoice Proof of payment for balances in excess of HOPE payment 	\$1,500/Lifetime
Child Care	 Financial Aid award letter Completed child care packet Course schedule 	Varies per DHHS-OCFS Market Rates
Transportation	 Financial Aid award letter Course schedule Valid registration, insurance, and Maine driver's license Mileage calculation (days travelled, destinations, and total miles) 	\$140/Week
Books, Supplies, Tools, and Equipment	 Financial Aid award letter Syllabus or letter from course instructor outlining requirements Estimate from the vendor or proof of purchase 	\$2,000/Year
Technology and Software	 Document verifying requirement Estimate from the vendor or proof of purchase 	\$500/Lifetime
Vehicle Inspection	Valid Maine driver's license Current registration Current insurance	\$1,000/Year Total
Vehicle Registration	Current insurance Valid Maine driver's license	
Vehicle Repair	Valid Maine driver's license Current registration Current insurance Estimate from a licensed mechanic Proof of payment for balances in excess of HOPE payment	
Vehicle Insurance	Insurance declaration page Estimate or receipt Valid Maine driver's license Current registration	\$600/Year
Corrective Eyewear	Estimate Proof of necessity (such as valid prescription)	\$200/Year
Dental Care	Document from the dentist verifying the necessity Estimate Explanation of how the problem impacts participation in school	\$2,000/Lifetime
Other Supports	Varies depending on request	\$500/Year
Internet	1.Receipt for payment of internet 2. Course schedule on file	\$50/month

Note: Participants are responsible and accountable for the appropriate use of HOPE Support Service benefits paid. Individuals are responsible for repaying any overpaid benefits.

Revised April 26, 2022