



Today's Date

Nacmpuhn Case: _____
Nacmpuhn _____
Telephone: _____
Nacmpuhn Fax: _____



RE: MEDICAL ASSISTANCE ELIGIBILITY RENEWAL FORM – N14

Lwen Wo,

Pa inge pwepuh in eligibility renewal nuhtum ma enwenweyuck in nwacna ke kais sie. **Nuhnakmuhnahs kalweni mwe ahkuhtweyac nuhkewa sihmlac ten ingacn, suhmuhslah meac sasuc kuh eklac ke ip nuhkewa ac topuk kihsensiyuck nuhkewa ke pwepuh inge.**

Medical assistance lom ac kuh na in sahflah, fin pwepuh in renewal lom an tiac nwacnalac meet liki ke lwen se sihmlac ten inge.

Kom kuh in nwacklah pwepuh in renewal inge ke kom oruh sie sin ma sihmlac ten inge:

- ***Pahngon kuht in nwacklah pwepuh in renewal inge ke telephone***
- ***Nwacklah, sainiyac, ac fohlohkuhn ma pwepuh inge nuh sesr ke mail, email kuh fax***
- ***Som nuhke sie sin ohfohs lasr ngacn in nwacklah pwepuh in ahksasucye***

Liyac acn se ma fwahk **Ip Ke Ohiyacn Nwacna Pwepuh** ma oasr ke sahflahiye lwaacta se inge, in eis mwe ahkuhtweyac ke ip srihrihk lah kom ac sucpwacлах fuhkah pwepuh in renewal inge.

LWEN IN SUCPWACLAH: Fohlohkuhn ma pwepuh inge nuh sesr kuh pahngon kuht in ahksahfyelah pwepuh in renewal inge ke _____

Section A Mwe Ahkuhtweyac Ke Mwet In Lohm Sum/Household Information:

Ahok Moh

 A1. Yac kom ke TULOKINYAC eisyacn kahrhuh ke ono luhn **MWET NUHKEWA** luun lohm sum an, sin Med-QUEST?

Fin Ahok, nuhnakmuhnahs suhmuhslah srihpac lom an inge:

_____, na kom som nuhke Section F.

Ahok Moh

 A2. Nacmpuh, Address ac Email Lom: Yac inem, address (ke acn kom muhta we kuh mail lom), nacmpuhn telephone, kuh email lom eklac?

Mwe Ahkuhtweyac Sasuc Emeet	Ekullah Nuhke
Inem:	
Address ke Acn Kom Muhta We:	
Address ke Mail Lom:	
Nacmpuhn Telephone ke Lohm Sum:	
Cell Phone:	
Nacmpuhn Acn in Orekma Lom:	
Email:	

Ahok Moh

 A3. Kuhtuh Eklac nuhke Mwet In Lohm Sum Ingena: Yac oasr ma eklac nuhke mwet ma muhta in lohm sum an?

Kuhpahsr luhn mwet in lohm sum ma sihmlac ten inge ahkkahlwemye kuhpahsr luhn kais sie mwet ke lohm sum an. Fin sie sin kuhpahsr ingacn suhtuh, elah ac suhmuhslah kuhpahsr se ma suwohs an fal nuhke ma sihmlac ten ingacn. Fin wacngihn ma sihmlac kuh blank, nuhnakmuhnahs suhmuhslah kuhpahsr se ma suwohs an.

*Suhmuhslah kuhtwena mwet in lohm ma tiac sihmlac ke ip ma wacngihn koano an kuh blank

Fin wacngihn ma eklac, nuhnakmuhnahs som nuhke kihensiyuck A.4**Kain in Kuhpahsr:**

- Pahyuck
- Pahpah kuh Ninac Mahtuh
- Oasr Ye Karihngin Luhk
- Tuhlihk Nuhtin Ma Wiyuck
- Tiac Pahyuck tuh Tuhkweni Muhta Oacna Sie Sucu
- Tuhlihk Nuhtin Tuhlihk Nuhtihk (Grand Child)
- Tuhlihk Wiyuck (weacng step)
- Kuhtuh pac kuhpahsr sahyac (oacna, mwet ma pahyuck me nuh in sucu lom suc wi muhta in lohm sum)
- Pahpah kuh Ninac (weacng step)
- Foster Pahpah kuh Ninac
- Uncle/Aunt
- Tiac Sucu, wacngihn kuhpahsr lasr
- Tuhlihk nuhtihk (weacng step)
- (Foster Tuhlihk Nuhtihk)
- Ma Lal kuh Cousin

{Inen Client Inen Last luhn Client} Kuhpahsr lal nuhsin
{Inen Client Ma Kom Kuhpahsr Nuhse an} el {Fuhkah Kuhpahsr Lowos}

Sie Mwe Puhpuhlyuck:

John Doe'sKuhpahsr lal nuhsin
Jane Doe el Pahyuck
Mary Doe el Ninac se (weacng step)
Steve Doe el Pahpah se (weacng step)
David Doe el tuhlihk wiyuck (weacng step)

Ahok Moh

Fin oasr eklac ke mwet ma muhta in lohmsum, nuhnak muhnahs orekmakihn chart se ten ingacn in ahksasucyelah mwe eklac an.

MWET IN LOHM SUM MA ITUCKLAC KUH TUI LIKI EIS KAHSRUH			
Inen	Srihpac (Liye kuhtuh mwe puhuhlyuck sihmlac ten ingacn)	Lwen se ma itucklac inen	Mwe Kahsrh Fuhkah Tulokihnyucki
			<input type="checkbox"/> Ahok <input type="checkbox"/> Moh
Kuhtuh mwe puhpuhlyuck ke srihpac ma pwacnacng tulokihnyucki mwet in lohmsum liki eis kahsrhl			
Som liki kuht (Sie acn ke State kuh likihn State. Nuhnakmuhnahs suhmuhslah address sasuc lal kom fin etuh.)	Oasr in presin kuh Hawaii State Hospital	Divorced kuh Fahsrelihk kuh Separated	
Misac	Oasr in Nursing Home kuh Community Care Foster Family Home	Kuhtuh Srihpac Sahyac (nuhnakmuhnahs ahkuhtweyac)	

MWET SASUC IN LOHM SUM: Kom fin enenuh in SANG ahluhkwelah inen mwet sasuc (1) se, nuhnakmuhnahs oraclah sie copy in sra se inge ac sra se tuhkuh an kuh fulusyac sie pwepuh sahyac nuh kac ac tohpohklah kihsensiyuck ten ingacn nuhke kais sie sasuc in lohmsum an kuh pahngon Customer Service ke 1-800-316-8005 (TTY: 711 ke 1-800-603-1201) in eis kuhtuh pac kahsrh sahyac:	
Inen Mwet Sasuc Sacn (Inen, Inen Middle, Inen Last, Suffix oana Sr, Jr, III)	
Fin mwet sasuc sacn sie awohwo tuhfhana isuslac, nuhnakmuhnahs suhmuhslah inen ninac ac pahpah an ten:	
Inen Ninac sacn:	Inen Pahpah Sacn:
Ac nwacnalac sie pwepuh nuhke Medical Coverage? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH	
Eltahl eis Medical Service ke lusen 90 days somlah tari ah? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH Fin ahok, ngac:	

Mukul kuh Muhtwacn	Lwen in Isuslac	**Social Security Number		
**Enenuh se in ahkahlwemye Social Security Number (SSN) ke kais sie mwet (weacng tuhlihk srihsrihk) ke pacl in nwacna pwepuh nuhke eisyacn Medical assistance. Sahp kuht ac enenuh in sramsram nuhsin mwet in lohm sum fin oasr kuhtuh pac ma sahyac ma enwenweyuck. Mwe kahsrub inge sahp kuh na in pahtlac fin ma kuht siyuck kuh enenuh uh tiac akfalyeyuck. Fin kom enenuh kahsrub in eis SSN kuh ahollah SNN card lom an, pahngon 1-800-772-1213 kuh som nuhke socialsecurity.gov. Kom fin orekmakihn TTY kom enenuh in pahngon 1-800-325-0778				
Pahyuck? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH		Fin Ahok, Piyac Inen Mwet Kom Pahyuck se An:		
Gross monthly income (luhpahn mani nohfohn kom oraclah meet liki itucklac tax kuh kuhtuh pac ma sahyac):				
Kom nuhnkuh in fihliyac federal income tax return? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH Kom ac fihliyac pac inacn mwet se kom pahyuck se an? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH				
Kom ac siyuck kuh claim kuhtwena tax nuhsin mwet ma kom karihngin ke pacl in tax return laltahl? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH				
Suhmuhsrah inen mwet nuhkewa ma kom karingihn tax la uh (dependents):				
Kom ac claim oacna sie tax dependent ke tax luhn sie pac mwet sahyac? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH				
Fin ahok, piyac inen tax filer sacn:		*Kuhpahs lowos:		
Yac mwet sasuc sacn pihutuh? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH		Ngac El ac Isuslac:		Tuhlihk ekahsr
motkweyuck ma el ac oswelah:				
Yac kom sie U.S. Citizen/National? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH				
Fin moh, yac mwet sasuc sacn wo immigration status lal an? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH				
Lwen Ekasr el Tukuh _____		Nacmpuhn Alien kuh I-94 _____		
Pwepuh Immigration Fuhkah Oasr Lal (oacna I-551, Visa, kuh ma sahyac.):		Status type fuhkah lal uh		
Inen ma sihmlac ke pwepuh in immigration lal.				
Namcpuhn Passport kuh nacmpuhn card sahyac.				
SEVIS ID kuh Lwen in Safliyacn kuh Expiration Date (sulaclah lom fin kom ke nwacklah ip se inge)		Ip nuhke Code kuh Category Code lal uh		
Yac mwet sasuc se inge el claim oacna sie tax dependent ke tax luhn kuhtwena mwet in lohm sum an? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH				
Fin ahok, nuhnakmuhnhas suhmuhsrah ten inen mwet ke lohm sum an ma acwac oacna sie tax dependent.				
Kuhtuh mwe puhpuhlyuck nuhke kuhpahs ke mwet in lohm sum an (weacng step ke acn ma fal nuh kac) pa sihmlac ten ingacn:				
• Pahyuck	• Pahpah kuh Ninac	• Tuhlihk Nuhtihk	• Tuhlihk Wiyuck	• Oasr Ye Karihngin Luhk
• Pahpah kuh Ninac Mahtuh	• Uncle/Aunt	• Tuhlihk Nuhtin Ma Wiyuck	• Cousin	• Tuhlihk Nuhtihn Tuhlihk Nuhtihk
• (Pahpah ac Ninac ke Foster)	• (Tuhlihk nuhke Foster)	• Tiac Pahyuck tuh Tuhkweni Muhta Oacna Sie Sucu	• Tiac Sucu, wacngihn kuhpahs lasr	
• Kuhpahs Sahyac (nuhnakmuhnhas ahkuhtweyac)				
Fuhkah kuhpahs luhn mwet sasuc se inge nuhsin Mwet Se Ma Nwek Pwepuh se inge (Primary Contact)? (*mwe puhpuhlyuck nuhke kais kuhtuh kuhpahs inge pa sihmlac ke sra se meet ah.)				
Fin oasr pac kuhtwena mwet sahyac in lohm sum an, (mwet suc muhta ke address ke acn lom an ingena), nuhnakmuhnhas suhmuhsrah ten suc elthal uh ac lah fuhkah mwet sasuc inge *kuhpahs nuhsin:				
Inen mwet suc muhta in lohm sum:		Kuhpahs lom nuhsin mwet sasuc sacn:		
1.		1.		

2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Fin puhs liki mwet (6) muhta in loh m sum an, nuhnakmuhnahs oraclah sie copy ke sra se inge, nwacklah ac fulusyac nuhke pwepuh inge.

Ahok Moh

A4. Tax file nuhsin mwet nuhkewa in Lohm se ingacn: Yac ma sihmlac ten ke tax file inge suwohs? Fin tiac, nuhnakmuhnahs ahksuwohsyelah ma sihmlac ke pohk se ten ngacn.

Inen (Inen First, Inen Middle, Inen Last, Inen Sahflah nuhke Suffix)	Muhkwena kuh Toeni nuhsin mwet sahyac kuh Individual or Joint?
Yac kom claim kuhtwena tax dependents? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH	Inen Mwet Kom Pahyuck Se (Inen First, Inen Middle, Inen Last, Suffix)
Inen mwet ma kom ac siyuck kuh claim kuhtwena tax dependents lom an:	
Yac kom sie mwet ma dependent nuhke tax luhn sie mwet sahyac? <input type="checkbox"/> AHOK <input type="checkbox"/> MOH	
Kom fin sie mwet ma acwac oacna dependent se, suhmuhsla inen tax filer se kom oasr ye ngacn:	

Ahok Moh

A5. Luhpan Mani Mwet in Lohm Nuhkewa Oraclah: Fin mwe ahkuhtweyac ma oasr ten ingacn eklac, nuhnakmuhnahs sang sie copy in ma eklac nuhkewa. (Oacna, pay statement ke mahlwem tolu somlah tari ah.) Kom fin self-employed, nuhnakmuhnahs use sie pwepuh ma ip ahkkahlwemyeyac luhpahn mani kom oraclah ke self-employment lom.

Inen	Mani Lom an Tuhkuh Yac Me kuh Income Source	Monthly Gross Amount	Acn in Orekma Lom/ *Self-Employment	Lwen se kom Muhtwacwack in Orekma	Lwen Sahflah se Kom Orekma ah
Ekullah Nuhke:					
Ekuhllah Nuhke:					

* Nuhnakmuhnahs eslah luhpan mani kom sislah nuhke self-employment pisnes lom an liki luhpan mani oreklac ke kais sie mahlwem, ma sihmlac lucng ngacn.

Ahok Moh

A6. Yac oasr pacl kom kuh sie mwet in loh m sum an oasr ke sie acksiden kuh acksiden ac sie mwet sahyac pa moli molin ono ma lom? Fin ahok, kuht ac kacfwecng in sun kom ac sramsram.

Suc Wi Mukwikwi ke Acksiden Sacn	Lwen in Acksiden Sac	Suc Moli/Inen Insurance Company Se

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Ahok Moh

 A7. Yac oasr sin mwet in lohmi sum an orekmakihn kuhtwena insurance sahyac liki Medicaid (QUEST Integration)?

Inen	Inen Health Insurance Carrier lal an/Plan	Policy ID	Lwen el Muhtwacwack in Orekmakihn	Lwen Sahflah el Orekmakihn

Section B

Ahok Moh

 B1. Yac oasr mwet in lohmi sum an ahluhkwelah yac 65, kun muhtahl kuh disabled? Nuhnukh muhnahs srihkac liyac fin etwacack se na ten pa suwohs. Fin sihtuh nuhnukh muhnahs ahksasucye lah ne ten.

Inel (Inen First, Inen Middle, Inen Last, Inen Sahflah nuhke Suffix)	Kun Muhtahl/Disabled	Yac 65 kuh mahtuh liki	Eis SSI	Medicare
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOM LIKI SECTIONS C, D, AC E FIN WACNGIHN MWET IN LOHM SUM OASR KE OHIYAC INGE:

- yac 65 kuh mahtuh liki
- eis Kahrsh ke Supplemental Social Security Insurance (SSI) ac/kuh
- eis kahrsh ke srihpen disability ac/kuh
- eis kahrsh luhn Medicare A/B kuh kewa

Section C:

Ahok Moh

 C1. Yac oasr kuhtwena eklac ke mani luhn mwet in lohmi sum (oacna bank account kuh account lom yurin kuhtwena u in mwet ma karihngin mani, lohmi, 401K, stock, kuhtwena ma sahyac)? Nuhnakmuhnhas suhmuhsla eklac inge ten. *kuh Balance ke an ke 1st luhn mahlwem se kom **oasr ke ingena**

Inen	Kain in Resource Fuhkah Lal an	Lwen ma Eklac an Orek	*Lupan Mani kuh Value Kac An Ingena

Section D:

Ahok Moh

 D1. Yac kom kuh sie mwet in lohmi sum an oasr acn na pwacye lomtacl sifacna?

Inen Owner kuh Ma Luhn Suc	Address Ke Acn Sacn	Lupan Mani kuh Value ke an ingena

Ahok Moh

 D2. Yac kom kuh sie mwet in lohmi sum an wi eis mani ke annuity?

Inen Owner kuh Ma Luhn Suc	Lwen Ma Muhtwacwack Eis	Ine ac Address luhn Annuity Company sacn

Ahok Moh

 D3. Yac kom kuh sie mwet in loh m sum an oasr loan la, mortgage kuh promissory note?

Inen Owner	Lwen ma Transaction Muhtwacwack	Luhpahn Mani Sac kuh Original Amount	Luhpahn Mani Enwenweyuck in Moliyucklac

Ahok Moh

 D4. Yac kom kuh kuhtwena mwet in loh m sum an molwelah sie life estate interest ke sie acn luhn sie mwet sahyac?

Inen Owner	Lwen ma Transaction Muhtwacwack	Address ke Acn Sacn	Luhpahn ma moliyucklac tari

Ahok Moh

 D5. Yac kom kuh sie mwet in loh m sum an moli molin utyak nuh in acn inge, Continuing Care Retirement Community (CCRC) kuh Life Care Community (LCC)?

Inen Owner	Lwen ma Molin ma inge Muhtwacack	Inen ac Address luhn CCRC/LCC	Luhpah ma Moliyucklac Tari

Section E Mwe Kahsruh Nuhke Long-Term Care

Ahok Moh

 E.1 Yac kom kuh sie mwet in loh m sum an eis kuh enenuh kahsruh nuhke Lohng-Term Care kuh ke acn luhn mwet mahtuh oacna Nursing Home, Adult Foster home, In loh m sum sifacna, Assisted Living home kuh Retirement/Life Care Community?.....

Inen Mwet (Mwet pucspucs ingacn): _____

Inen Mwet (Mwet pucspucs ingacn): _____

Ahok Moh

 E2. Yac kom kuh mwet se kom pahyuck se an kuhkackuhnlah, ayaol, kuh kihtacalah kuhtwena acn kuh ma lomtacl, weacng mani, ke lusen 60 months tari ah? Kuh, yack om kuh mwet se kom pahyuck se an sang mani nuhke trust ke lusen mahlwem 60 months tari ah?

Inen	Kain in Asset Fuhkah	Srihpac	Lwen se Transfer an orek	Luhpahn Mani kuh Value	Luhpahn Mani kom Eis

Section F Kuhtuh Eklac Sahyac

Ahok Moh

 F1. Yac oasr pac kuhtuh eklac sahyac ma kom enenuh in riporti? *Fin oasr eklac ma kom ac riporti, nuhnakmuhnahs suhmuhlah ke sie pwepuh ma ac ahkkahlwemye ma inge.*

NUHNAKMUHNAHS SAINIYAC ACCN TEN AC FOHLOHKUHN MA PWEPUH INGE NUH YOHROSR ke mail, email, fax kuh tuhkuh nuhke ohfuhs lasr uh.

MWE ACSMAKIHN: Kom kuh pac in pahngon kuht in ahksahfyelah pwepuh in ahksasucye inge ke telephone. Liye mwe ahkuhtweyac ke acn se ma fwahk IP KE OHIYACN NWACNA PWEPUH

Nga insese lah ma nuhkewa sihmlac ke pwepa in recertification inge, pwacye ac pa inge ma nuhkewa nga etuh kac. Fin nga sulaclah in suhmuhslah kuhtwena ma tiac pwacye ke pwepuh inge, nga kuh na in prosecuted ye masap luhn Hawaii Revised Statutes §710-1063. Ke nga sainiyac pwepuh inge, nga ahfahsrye ac sang kuh nuhsin kuhtwena ma enwenweyuk in wi eis kahsruh inge, ac weacng pac kuhtwena mwe kahsruh ma kuhpahsr nuhke u in mwet ma orekma ke mani kuh financial institutions. Nga lwelah State of Hawaii in liye statement luhk inge. Nga riti kuh riti tari nuhsik sifacna suwohs luhk ac ma kunuhk nuhkewa ma nga kuh in sruokyac kuh oruh, ac ma inge sihmlac ke sra se sahflah ngacn.

Sain luhn Primary Contact/Beneficiary/Authorized Representative:	SSN	Lwen (mm/dd/yyyy)
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FIN OASR MWET IN LOHM SUM AN MA AHLUHKWELAH YAC 65, KUN MUHTAHL KUH DISABLED, MWET INGE WEACNG MWET ELTAHL PAYUCK NUH SE AN ENENUH (oacna mwet mahtuh ma tax dependent in lohm sum) IN SAINIYAC ACN TEN

Kuh in ahkfahsrye inge authorization ac sahflah fin application luhk kuh lasr nuhke Medicaid tiac ahkfahsryeyuck, kuh nga kuh kuht kewa tilac fal ac kuh in wi eis Medicaid, kuh Nga kuh kuht elah kuh se inge ma sihmlac in pwepuh se inge nuhsin Department of Human Services ke acn luhk uh. In fal nuhke SEC 1137(a) ke Act inge.

Sain luhn Kuhtuh pac Mwet Sahyac in Lohm:	Kuhpahsr lom nuhsin Applicant sacn/Beneficiary	SSN	Lwen (mm/dd/yyyy)
	*MUKUHL PAYUCK KUH MUHTWACN PAYUCK KUH SPOUSE		

Kuloh ke pac lom ac kuht arlacna ke in kahsre kom!

IP KE OHIYACN NWACNA PWEPUH**SRIHPAC:**

Pwepuh in DHS 1100B-2 Medical Assistance Eligibility Renewal, pa ac orekmakihnyuck oacna pwepuh in N-14 Renewal. Fin pa pwepuh in N-14 Notice inge tiac kuh in orekma, na DHS 1100B-2 pa ac orekmakihnyuck uh.

KAHS IN KAHSRUH:

Pwepuh se inge enenuh in nwekyuck lac sin Primary Contact **kuh Authorized Representatives.**

Nuhsin Primary Contact:

Kom fin enenuh in ahkyohkye acn in suhmuhslah top lom ngacn, nuhnakmuhnahs orekmakihn sie pwepuh sahyac ac fulusyac nuh ke pwepuh inge. Section A - F, kom ac sulacalah lah Ahok kuh Moh ac topuk in suwohs kihsensiyuck ingacn.

SAIN LUHN PRIMARY CONTACT:

Primary Contact sac ac enenuh in sainiyac ip se inge ac suhmuhslah information ma siyuckyuck nuhsel. Ke pacl se sainiyucki eltahl certifyac lah information nuhkewa sihmlac ke pwepuh in recertification se inge pwacye ac suwohs fal nuhke etwacil laltahl nohfohn ac eltahl sang kuh nuhsin State of Hawaii in liye kuh tuni ma laltahl nuhkewa in fal nuhke Hawaii Revise Statutes §710-1063.

Nuhnakmuhnahs fohlohkuhn ma pwepuh inge fin nwacnalah tari ac sie copy in pwepuh in authorized representative nuhke address se ma sihmlac ke sra 1 ke pwepuh se inge kuh nuhke Eligibility Branch Office ma fototo nuh yurum (liye acn ten). Kom kuh pac in contact Customer Service ke 1-800-316-8005, (TTY/TDD 711) in ahksahfyelah pwepuh in renewal inge ke telephone.

Statewide	<p style="text-align: center;">Med-QUEST Eligibility & Enrollment Service Centers 1-800-316-8005 (Phone) 711 TTY/TDD (Oasr kahsrub nuhsin mwet sohlohng kahs ac tiac kuh in sramsram) 1-800-576-5504 (Fax) MQDCustomerSupport@dhs.hawaii.gov (Email) P.O. Box 3490, Honolulu, HI 96811-3490 (Mailing)</p>
HAWAII	<p>Hilo Service Center 1404 Kilauea Avenue, Hilo, HI 96720</p> <p>Kona Service Center Lanihau Professional Center, 75-5591 Palani Road, Suite 3004, Kailua-Kona, HI 96740</p>
KAUA'I	<p>Kaua'i Service Center Dynasty Court, 4473 Pahee Street, Suite A, Lihue, HI 96766</p>
MAUI	<p>Maui Service Center (Maui County)</p> <p>Maui Millyard Plaza, 210 Imi Kala Street, Suite 101, Wailuku, HI 96793 Moloka'i State Civic Center, 65 Makaena Street, Room 110, Kaunakakai, HI 96748 Lana'i 730 Lana'i Avenue, Lana'i City, HI 96763</p>
OAHU	<p>Oahu Service Center</p> <p>Honolulu 1350 South King Street, Suite 200, Honolulu, HI 96814 Kapolei 601 Kamokila Boulevard, Room 415, Kapolei, HI 96707 Waipahu 94-275 Mokuola Street, Suite 301, Waipahu, HI 96797</p>

Fihlihyuckyi Acn Se Inge In Wacngihn Koano

SUWOHS LOM IN SIYUCK SIE ADMINISTRATIVE HEARING

MEAC SE INGE ADMINISTRATIVE HEARING (“hearing”)? Hearing pa sie pacl wo in kalweni ac tuni orekma luhn Department inge ke case lom an ac ma inge enenuh in siyuckyuck ke 90 calendar days an, liki lwen se ma notice se inge oreklac. Sie sin hearing officer ma tiac wi kuhpahsr nuhke orekma luhn Department an pa ac tuni ma nuhkewa ke case lom an. Fin hearing officer sac konwack tuh oasr ma tafonglac luhn Department sacn, na Department sacn ac enenuh in ahksuwosye lah ma tahfonglac sac. HAR 17-602.1-3 to 4; 17-602.1-6; 17-602.1-24; 17-602.1-26; 17-602.1-28; 17-602.1-37; 17-1703.1-2 to 4; 17-1713.1-2

SRIHPAC IN SIYUCK SIE HEARING:

- Kom fin tiac insese ke sie sulaclah ma oreklac nuhke application kuh case lom an.
- Application nuhtum an tiac ahksahfeyucklac ke pacl ma pakiyucki nuh kac: 30 days nuhke SNAP sac; 90 days nuhke medical assistance fal nuhke ohiyacn suhkahpahs; lwen 45 nuhke kashruh luhn sacn kuh mani kuh kuhtuh application nuhke kahsruh sahyac luhn ono.

HAR 17-602.1-4; 17-602.1-24; 17-647-3; 17-647-7; 17-647-14; 17-1711.1-32

NGAC SIYUCK FUHKAH SIE HEARING? Kom kuh in siyuck sie hearing an ke kom sihm ke pwepuh se luhn Department ingacn kuh kuhtwena pwepuh sahyac. Nuhke SNAP ac medical assistance muhkwenana, kom kuh pac in pahng kuh fwahk nuhsin sie mwet orekma lah kom ke eis sie hearing an lom. Ke pacl se Department an ac eis siyuckyuck lom an, Ohfuhs luhn Administrative Appeals ac sucwacwot information nuhke hearing se lom an.

HAR 17-602.1-6; 17-602.1-31; 17-1703.1-4

MWE KAHSRUH LUHK INGE AC TUI. YAC NGA KUH IN TAHFWELAH NA EIS MWE KAHSRUH INGE KE LUSEN PACL IN HEARING SE INGE? Ahok, nuhnakmuhnahs riti pwepuh in notice sac nuhke deadline lom tuh kom in kuh in siyuck in tahfwelah na eis mwe kahsruh. Fin sulaclah nuhke hearing sac tiac usot ma kom enenuh, kom enenuh in fohlohkohnacng molin mwe kahsruh ma kom tiac ahkfahsryeyucklac kom in eis.

HAR 17-602.1-10; 17-602.1-12; 17-602.1-18; 17-602.1-34; 17-1703.1-5; 17-1703.1-17

PUHTAHKAH PACL IN HEARING SE INGE? Ma inge kwacna orek ke lusen 60 days nuhke SNAP kuh 90 days nuhke program sahyac. Nuhke medical ac SNAP hearing uh, kom kuh in siyuck in ahksaye pacl in hearing sac nuhke case ma arlac enenuh upac, oacna ke pacl se moul lom kuh health lom oasr in sensen yohk.

HAR 17-602.1-16; 17-602.1-27; 17-602.1-29; 17-1703.1-4; 17-1703.1-15 to 16.

YAC NGA ENENUH SIE LAWYER? Kom tiac enenuh sie lawyer. Kom enenuh in wi oasr ke hearing sac, pwacna fin kom fwahk nuhsin Department sacn, ke kom sihm nuhseltahl ac fwahk lah authorized representative se lom ah pa ac ahol kom. Authorized representative kuh in sie sin kawuck lom, sucu, advocate, kuh sie pac mwet sahyac. In eis kahsruh ke ip luhn masap ke wacngihn molo, sramsram nuhsin ip luhn Legal Aid Society of Hawaii ke 808-536-4302 (Oahu) kuh 1-800-499-4302 (Neighbor Islands).

HAR 17-602.1-5; 17-602.1-7; 17-602.1-25; 17-602.1-38; 17-1703.1-3

FUHKAH FIN NGA ENENUH SIE INTERPRETER KUH KUHTUH KAHSRUH SAHYAC? Ke siyuckyuck in eis hearing se lom ah, kom kuh in siyuck kahsruh luhn sie interpreter ma pah ke wacngihn molo, muhtuhn sihm luhlahp, sign language interpreter, auxiliary aid, kuh kuhtuh pac mwe kahsruh sahyac ma tiac ahluhkwelah ma fal in utuckot nuhsin. Kom fin tiac oruh siyuckyuck inge meet liki pacl in hearing sac, na hearing lom an sahp ac kuh na in som nuhke sie pac lwen sahyac tuh kom kuh in eis mwe kahsruh inge.

HAR 17-602.1-5; 17-602.1-13; 17-602.1-30; 17-1703.1-6; 17-1711.1-2

PIYAC SUWOHS LUHK UH NUHKE PACL IN HEARING? Kom kuh in siyuck sin mwet orekma lom an in liye pwepuh ac rekord lom meet liki pacl in hearing sac. Ke pac in hearing sac, kom kuh in ahkkahlwemye lah efuh kom nuhnkuh muh Department sacn tiac suwohs orekma laltahl ac kom kuh in kihsensiyuck nuhsin witness luhn Department sacn. Kom kuh pac in use mwet loh kuh witness lom sifacna. Kom ac Department sacn enenuh in inseselac ke mwet ma komtacl ac orekmakihn ke pacl in hearing sac. Liye acn lucng kom fin enenuh sie mwet in lweng. HAR 17-602.1-4 to 5; 17-602.1-30; 17-602.1-36; 17-602.1-38; 17-602.1-40; 17-1703.1-3; 17-1703.1-6

MEAC SE INGE FRAUD? Kom fin tiac ukwe kuh ahkos ma enwenweyuck kom in oruh, kikiyacp, kuh okanlah ma pwayce, kom kuh na in eis molin ma kuluk inge ke kom molweacng luhan mwe kahsruh nuhkewa kom eis ac puhtatyang pac nuhke kuhtuh pac mwacta ye masap, weacng prosecution.

HAR 17-604.1; 17-1704-3, 17-1713.1-2; HRS §346-43.5, 710-1063

MEAC PAC KUHTUH SUWOHS SAHYAC LUHK?

- **CONFIDENTIALITY:** Department inge ac tiac fuhlwelah kuh ahkkahlwemye kuhtwena ma ke case lom uh, pwacna fin lweyucklac sin masap luhn program kuh masap luhn federal, enwenweyuck ke kais kuhtuh ohiyac ke protective services, nuhke investigation luhn fraud, kuh fin kom sang sie pwepuh in siyuckyuck in lwelah information lom inge in orekmakihnyuck.

- HAR 17-601; 17-1702-5 to 6; 17-1706-6

NON-DISCRIMINATION: Department inge tiac discriminate, exclude, kuh oruh mwet sahyac ke sie ohiyac ma sucfal ke srihpen race, color, national origin, mwatwac, disability, kuh sex/gender (expression or identity), kuh ke sihpen acn laltahl ye masap federal kuh state. Kom fin luhlalhfongi muh Department inge kuh orekma eltahl oruh uh tiacna usot nuhsum kahsruh ma kom enenuh kuh ahkkahlwemye srihrih nuhsum, kom kuh in fileiyac sie complain yurin: Civil Rights Compliance Officer ke e-mail ke DHSCivilRightsBox@dhs.hawaii.gov, pahngon (808) 586-4955 kuh 711, fax nuhke (808) 586-4990 kuh sihm nuhsin: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, HI 96809-0339. Pwepuh in complain ke DHS discrimination (DHS 6000) oasr ke <https://humanservices.hawaii.gov> ke ip luhn Civil Rights Corner ye Forms. Kom kuh pac in fileiyac complain lom yurin U.S. Department of Health ac Human Services, Office for Civil Rights, ke <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, kuh ke mail kuh telephone e: U.S. Department of Health ac Human Services, Office for Civil Rights (OCR), 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, Telephone: 1(800) 368-1019, TDD: 1(800) 537-7697.