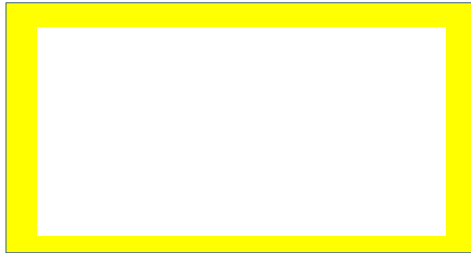


Return this form to:
State of AHawaii – Dept. of Human Services
Med-QUEST Division



Today's Date

Nempehn Case: _____
Nempehn _____
Delepwohn: _____
Nempehn Fax: _____



RE: **MEDICAL ASSISTANCE ELIGIBILITY RENEWAL FORM – N14**

Kaselehlia,

let noumw doaropwehn eligibility renewal me anahne audauda ni ehuehu sounpar. **Kalahngan oh kousapahli ire kan me ntingdi pah, oh ntingdi ire kapw kan de ma mie ire kan me wekila ni wasa kan koaros me mie anahnepe oh sapengala peidek kan me mih nan doaropwe wet.**

Medical assistance me komw kin ale kakete kamala ma komw sohte audehda noumw doaropwehn renewal ni rahn me kileldi pah e leledo.

Komw kak audehda noumw doaropwehn renewal ni omw wia ehu rehn ape pwukat me ntingdi pah:

- *Eker kiht pwehn audehda doaropwehn renewal ni omw doadoahngki delepwohn*
- *Audehda, sainihdi, oh kapwurehla doaropwe wet ni omw kadarala ni wasahn kisinlikou, email de fax*
- *Pein kohla ni ehu rehn aht ohpis ko pwehn audehda doaropwehn kakapwiala*

Kilang wasa me nda **IREN KAWOID ONG AUDEHDA DOAROAPWE WET** me mih ni imwin doaropwehn kair wet pwehn ale oaritik kan duwen mwomwen omw pahn kihlong noumw doaropwehn renewal pwehn ale sawas.

RAHN EN KAPWUREDO: Kapwurehdo doaropwe wet reht de eker kiht pwehn kanekehla noumw doaropwehn renewal ni _____

Section A Ire Kan Duwen Aramas Me Mih Nan Imwomw:

Ei Soh
 A1. Komw men KAUHDI omw ale sawas en wini sang Med-QUEST iangahki tohn nan imwomw **KOAROS?**

Ma Ei, kalahngan oh ntingihdi omw kahrepe pah:
 _____, mwuri komw doulahng Section F.

Ei Soh
 A2. Ire Kan Duwehte Nempehn Delepwohn Ape: la duwe, edomw, address (en wasa me komw kouson ie de ong noumw kisinlikou kan), nempehn delepwohn, de email address ape wekila?

Ire Kapw Kan	Wekila Ong
Edomw:	
Address en Wasahn Omw Kouson:	
Address ong Kisinlikou:	
Nempehn Delepwohn en Imwomw:	
Cell Phone:	
Nempehn Delepwohn en Wasahn Doadoahk:	
Email:	

Ei Soh
 A3. Wekidela Kan Ong Tohn Nan Imwomw: Mie wekidekla kan me wiawi ong tohn nan imwomw?

Kawehwehdi en nanpwungen aramas kan nan ehu ihmw me ntingdi pah, e kawehwehdi ekei mwomwen irekdien nanpwungen emenemen tohn nan ihmwo. Ma ehu rehn nanpwung pwukat me ntingdi pah sohte pwung, irisasang oh uhd ntingihdi me pwung o pwehn idawehn irekidi en nanpwung kan me mih pah. Mah sohte mehkot ntingdi, kalahngan oh ntingihdi me pwung o.

*Kapatahiong eden tohn nan ihmw koaros ni wasa me sohte nting ie me mih pah

Ma sohte wekila, kalahngan oh doula ni pali A.4

Mwomwen Nanpwung kan:

- Pwopwoud
- Sohte Pwopwoud Apw Mihpene Duwehte Peneinei Ehu
- Pahpa de Nohno (iangahki step kan)
- Pahpa oh Nohno Kahlap
- Seri Kahlep
- Foster Parent
- Mih Pahn Ei Epwel
- Riei (iangahki step kan)
- Rien Ei Pahpa oh Nohno (Uncle/Aunt)
- Nein Riei
- Pil Ekei Nanpwung kan (duwehte aramas me pwopwoudo nan peneinei)
- Sohte Nanpwungat

- Seri (iangahki step kan)
- Foster Child
- Cousin

En {Tepin Eden Client Last Name En Client o} Eh Nanpwung ong
{Eden Client Me Mie Nanpwung Rehra} iei {kihdi Mwomwen Nanpwungamwa}

Karasepe:

<i>Nanpwungen John Doe Ong</i>
Jane Doe <i>Pwopwoud</i>
Mary Doe <i>iei Nohno (iangahki step kan)</i>
Steve Doe <i>iei Pahpa (angahki step kan)</i>
David Doe <i>iei Rien (iangahki step kan)</i>

Ei Soh

Ma mie wekidekla kan ong tohn nan imwomw, kalahngan oh audehda ire pwukat ni kakon me mih pah.

TOHN NAN IHMW ME UHDISANG DE KOHSANG ADARAIL REN SOLAHR ALE SAWAS PWUKAT			
Ede	Kahrepe (Kilang ekei karasepe kan pah)	Rahn me kohsang de uhdi	Sawas kan me uhdi
			<input type="checkbox"/> Ei <input type="checkbox"/> Soh
Karasepen kahrepe kan me kahrehda emen tohn ihmw eh kohsang eh ale sawas			
Kohkohsang Imwei o (Mih nan State wet de Kohkohsang State wet. Kalahngan oh ntingihdi eh address kapw o ma komw ese.)	Mih nan imweteng de nan Hawaii State-Hospital	Mwepeseng de Tohtohrpeseng (Legally Seperated)	
Mehla	Mih nan wasahn apwalih aramas mah kan duwehte Nursing Home Community Care Foster Family Home	Kahrepe Teikan (kalahngan oh kawehwe)	

TOHN IHMW KAPW: Ma komw anahne KAPATAHIONG tohto sang emen (1) aramas kapw ong tohn imwomw, kalahngan oh wiahda ehu copy teh wet oh tehn mwuri en de kapatahiong ehu tehn doaropwe tohroh oh sapeng pediek kan koaros me mih pah ong emenemen tohn ihmw me kapatpatehng de eker Customer Service ni 1-800-316-8005 (TTY: 711 de 1-800-603-1201) pwehn ale pil ekei sawas teikan.	
Eden Tohn Ihmw Kapw (First, Middle, Last, Suffix)	
Ma tohn ihmw kapw wet iei emen seri pwelel, kalahngan oh ntingihdi pah eden eh nohno oh pahpa:	
Eden Nohno:	Eden Pahpa:
Komw Pahn Audehda Doaropwehn Medical Coverage? <input type="checkbox"/> EI <input type="checkbox"/> SOH	

Medical Services me komw ale erein 90 days neklahro? <input type="checkbox"/> EI <input type="checkbox"/> SOH Ma ei, ntingihdi rahn o:				
Ohl de Lih		Rahn en Ipwidi		**Social Security Number
** Anahne kihda Social Security number (SSN)) ong emenemen aramas (iangahi seri tikitik kan) me iang audehda doaroapwe pwehn Medical assistance . Ele se pahn anahne tuhwohng tohn nan imwomw ma se anahne pil ekei ire kan. Sawas pwukat kak pwand en kohwong komwi ma ire an me se peki saik alahdi. Ma mie anahnepen ale sawas pwehn ale ehu SSN de en weliandi ehu SSN card, eker 1-800-772-1213 de kohla ni socialsecurity.gov.				
Pwopwoud? <input type="checkbox"/> EI <input type="checkbox"/> SOH		Ma ei, ia Eden eh Pwoud:		
Gross monthly income (mwohn tax oh soahng teikn kohsang):				
Komw medewe en file idi ehu federal income tax return? <input type="checkbox"/> EI <input type="checkbox"/> SOH Komwi oh omw pwoud pahn mih nan ehute File? <input type="checkbox"/> EI <input type="checkbox"/> SOH				
Mie tax dependent komw pahn claim ong neirail tax return? <input type="checkbox"/> EI <input type="checkbox"/> SOH				
Ntingihdi eden tax dependent o (ko):				
E pahn claime ninduwen emen tax dependent ong nein emen nah tax return? <input type="checkbox"/> EI <input type="checkbox"/> SOH				
Ma ei, ntingihdi eden armas me file idi tax o:				*Mwowmen Nan Pwungamwa:
Tohnihmw kapw menet liseian? <input type="checkbox"/> EI <input type="checkbox"/> SOH		Iahd Me E Pahn Neitik:		Seri depe e kasik:
Komwi emen U.S. Citizen/National? <input type="checkbox"/> EI <input type="checkbox"/> SOH				
Ma soh, ia duwe tohnihmw kapw menet naineki de ahneki immigration status me doadoahk? <input type="checkbox"/> EI <input type="checkbox"/> SOH				
Rahn me Wiawihda _____		Nempehn Alien de I-94 _____		
Soahngen Doaroapwehn Immigration Dah (karasepe I-551, Visa, de soahng teikan):		Status type		
Ahd me mih nan noumw doaroapwehn immigration				
Nempehn Passport de nempehn card teikan				
SEVIS ID de Expiration Date (omw pilpil ma komw men audehda wasaht)			Category Code	
Ia duwe, tohnihmw kapw menet claim me ih emen tax dependent rehn ehu rehn tohnihmw ko ar tax kan? <input type="checkbox"/> EI <input type="checkbox"/> SOH				
Ma ei, kalahngan oh ntingihdi eden tohnihmw o me wia emen me claim duwehte tax dependent men, me ntingdi pah.				
Karasepen nanpwungen aramas kan me mih nan ihmw ehu (iangahki step kan ni wasa me konehng) me mi pah:				
• Pwopwoud	• Pahpa de Nohno	• Seri	• Riei	• Mih Panahngin Ei Epwel
• Pahpa de Nohno Kahlap	• Rien ei Pahpa de Nohno Ohl de Lih (Uncle/Aunt)	• Nein Riei Seri Serepein de Pwukat (Niece/Nephew)	• Cousin	• Seri Kahlap (Grandchild)
• Foster Parent	• Foster Child	• Sohte Pwopwoud Apw Mihpene Duwehte Peneinei Ehu	• Sohte Nanpwungat	
• Nanpwung Teikan (kalahngan oh kawehwe)				
Ia mwomwen nanpwungen tohnihmw kapwo ong Primary Contact me mih nan doaroapwe wet? (*karasepe kan en nanpwung pwukat ntinging ni tehn doaroapwehn mwoweo)				
Ma mie pil ekei tohnihmw wet me (kouson nan ihmw wet ni ahnsou wet), kalahngan oh ntingihdi ihs irail oh mwomwen en tohnihmw kapw pwukat ar ese emenemen de mwomwen nanpwungarail:				
Tohnihmw ni ahnsou wet:			Mwomwen ar ese de nanpwungarail ong tohihmw kapw o:	
1.			1.	
2.			2.	
3.			3.	
4.			4.	

5.	5.
6.	6.
Ma e tohtohsang aramas wenemen (6) mih nan ihmw wet, kalahngan oh wiahda ehu copy en teh wet, audehda oh kapatahiong doaroapwe wet.	

Ei Soh

A4. Tohnihmw ehu me file idi tax: Ia duwe, ire kan me mih nan audepen tax me mih pah pwung? Ma soh, kalahngan oh kapwungala ire kan nan kakon me mih pah.

Ahd (First, Middle, Last, Suffix)	Pein file idi de ehuihong emen tohroht (Individual or Joint)?
Komw pahn claim tax dependent kan? <input type="checkbox"/> EI <input type="checkbox"/> SOH	Eden omw Pwoud (First, Middle, Last, Suffix)
Name of tax dependents:	
Komwi emen dependent ong en emen tohrohr eh tax kan? <input type="checkbox"/> EI <input type="checkbox"/> SOH	
Ma komwi emen me wadawad duwehte dependent men, ia eden aramas de tax filer me komw mih pahnangih duwehte emen dependent:	

Ei Soh

A5. Uwen Mwohni me Tohnihmw Koaros Wiahda: Ma ire ma se kihdi pah wekila, kalahngan oh kapatahiong copy kan duwen wekidekla kan (Karasepe, pay statement kan ong sounpwong silu neklahro.) Ma komw self-employed kalahngan oh kihong kiht doaroapwe kan me kasalehda uwen mwohni me komw kin wiahda sang ni self-employment.

Edomw	Mwohni Kohsang Ia	Monthly Gross Amount	Eden Wasahn Doadoahk/ * Self-Employment	Rahn me kom w Tepida	Rahn me Imwisekla
E Wekideklahng:					
E Wekideklahng:					

* Kalahngan oh katohresang uwen mwohni me komw doadoahngki pwehn pwainda soahng kan me self-employment de pesnes en anahne, sang uwen mwohni me komw wiahda ni ehuehu sounpwong me komw ripohkti powehn.

Ei Soh

A6. Ia duwe, komwi de emen tohn nan ihmwomw iangehr mih nan irair ehu de aksiden ehu me emen aramas tohroht me pwukoahko en pwain anahn en win ikan? Ma ei, se pahn eker de tuhwong komwi.

Ihs Me lang Pidada Irair o	Rahn me Aksiden Wiawi	Ihs Me Pwukoahki Pwain/Mehnia Insurance Kompani

Ei Soh

A7. Mie tohn nan ihmw wet me doadoahngki pil ehu insurance tohrohr sang sawas en Medicaid (QUEST Integration)?

Ahd	Health Insurance Carrier/Plan	Policy ID	Rahn me e Tepida	Rahn me e Imwila

Pali B

Ei Soh

B1. Mie tohn nan imwomw me daulih sounpar 65, mas kun de disabled? Kalahnganoh tehk me ire kan me ntingdi pah pwung. Ma soh, kalahngan oh kapwungala.

Ahd (First, Middle, Last, Suffix)	Mas Kun/Disabled	Sounpar 65 de laudsang	Aliale sawas en 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"/>

DOULASANG PALI C, D, OH E MA SOHTE TOHN NAN IMWOMW:



- sounpar 65 de laudsang
- aliale Sawas sang Supplemental Social Security Insurance (SSI) oh
- aliale sawas kan pwehki disability de
- aliale sawas en Medicare A/B de koaros

Section C:

Ei Soh

C1. Mie wekidekla kan ong en emen nah asset kan (duwehte account ni bank de pali kan me kin apwalih mwohni, ihmw, 401K, stock kan, de soahng teikan)?
Kalahnganoh ntingihdi wekidekla kan pah. * de Uwen Mwohni (Balance) me mih ni tepin 1st sounpwong **wet**.

Ahd	Soangen Sawas (Resource) Dahieu	Rahn me e Wekila	*Uwen Pweine Ni Ahnsu wet (Current Value)

Section D:

Ei Soh

D1. Mie rehn komwi de emen tohn nan imwomw me sapweneki de imwaniki douluhl ehu wasa?

Eden Aramas me Ahneki Wasao	Address en Wasao	Uwen Pweine ni ahnsu wet (Current value)

Ei Soh

D2. Komwi de emen tohn nan imwomw kin ale annuity?

Eden Aramas Menet?	Rahn me Tepida Ale	Eden Kompani en Annuity o oh Address

Ei Soh

D3. Komwi de emen tohn nan imwomw ahneki loan, mortgage de promissory note?

Eden Aramas Menet	Rahn me Transaction Tepida	Uwen Mwohni Nin Tepio	Uwen Luhwen Mwohni

			Pwehn Pwainla

Ei Soh
 D4. Komwi de emen tohn imwomw pwainda ehu life estate interest ni en emen eh wasa?

Eden Aramas Menet	Rahn me Transaction Tepida	Address en Wasa Wet	Uwen Mwohni me Komw Pwain

Ei Soh
 D5. Komwi de emen tohn nan imwomw kin pwain pweine pwehn pidelong ni wasahn aramas mah kan me duwehte Continuing Care Retirement Community (CCRC) de Life Care Community (LCC)?

Eden Aramas Menet	Rahn me e Wiawihda	Eden oh Address en CCRC/LCC	Uwen Mwohni me Komw Pwain

Section E Sawas Kan en Long-Term Care

Ei Soh
 E.1 Mie aramas nan imwomw me kin ale de anahne sawas ong Long-Term kan ni Nursing Home, Adult Foster home, Nan Pein Imwomw, Assisted Living home de Retirement/Life Care Community?

Eden Aramas o (ko): _____
 Eden Aramas o (ko): _____

Ei Soh
 E2. Komwi de omw pwoud netikila, weliiali, de kihong aramas eh wasa de imwe de soahng kan me e ahneki, duwehte mwohni, erein 60 months neklahro? De, komwi de omw pwoud kihla (transfer) mwohni ni ehu trust erein sounpwong 60 samwalahro?

Eden Aramaso	Soangen Asset Dah	Kahrepe	Rahn me Komw Transfer Mwohni o	Uwe	Uwe me Alahldi

Section F Wekidekla Teikan

Ei Soh
 F1. Mie wekidekla teikan me komw men ripohutki? *Ma komw pahn ripohutki wekidekla kan, kalahngan oh kihda doaroapwehn kamehlele de kadehde.*

KALAHNGAN OH SAINIHDI PAH OH KAPWUREHDO REHT ni omw kadar ni mail, email fax de pein wahdo ni aht ohpis et.

MEHN KATAMAN: Komw kak pil eker kiht pwehn kanekehla kakapwiala noumw doaroapwehn ni delepwohn. Kilang wasa me nda IREN KAWOID ONG AUDEHDA DOAROAPWE WET pwehn ale oaritik kan

I kadehde de kamanahla me ire kan me mih nan doaroapwehn recertification wet e pwung oh mih ni uwen ei ese de wehwehki koaros. Ma I pilada en kihdi ire kan me sohte mehlel nan doaroapwe wet, I kakete prosecuted pahn

kosonned en Hawaii Revised Statutes §710-1063. Ni ei sainihdi, I kihong pwuhng pwehn kamanahla soahng koaros me anahn, iangahki sawas en mwohni kan me kohsang pali kan me kin apwalih de kadoadoahki mwohni (financial institutions). I kihonw mweimwei ong State of Hawaii en kilang nei statement kan. I wadek de wadekehr duwen irekdien ei pwuhng kan oh pwukoah kan ni imwilahn teh oh I kak kolokol ire pwukat ong pein ngehi.

Sain en Primary Contact/Beneficiary/Authorized Representative:	SSN	Rahn (mm/dd/yyyy)
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MA MIE EMEN TOHN IMWOMW ME DAULIH SOUNPAR 65, MAS KUN DE DISABLED, ARAMASO OH EH PWOUD, MA MIE ANAHNEPE, (karasepe aramas laud me wia emen tax dependent nan imwomw) PAHN SAINIHDI PAH
 Kamanaman wet pahn imwisekla de uhdi ma nei/nait application ong Medicaid sohte pweida, de I/se solahr warohng de kak iang ale Medicaid, de I/se kemehla manaman wet ni aht ntingihdi ehu kisinlikou ong Department of Human Services.
 SEC 1137(a) en Act.

Sain en Tohn Ihmw Teikan Nan Ihmw:	Mwomwen Nanpwung ong Aramas me Audehda Doaroapwe wet/Beneficiary	SSN	Rahn (mm/dd/yyyy)
	*OMW PWOUD		

Kalahnganki omw ahnsou oh se kasikasik pwehn sewesei komwi!

IREN KAWeid ONG AUDEHDA DOAROAPWE WET**KAHREPE:**

Doaroapwehn DHS 1100B-2 Medical Assistance Eligibility Renewal, me pahn kadoadoahk ninduwen doaroapwe ong N-14 Renewal Notice o. Ma peien doaroapwehn N-14 Renewal sohte kak doadoahk, eri DHS 1100B-2 pahn uhd kadoadoahk.

IREN KAWeid KAN:

Doaroapwe wet anahne en audaуда rehn Primary Contact o de **de Authorized Representative**.

Ong Primary Contact:

Ma komw anahne kalaudehla wasahn ngtindhdi omw pasapeng kan, kalahngan oh kapatahiong pil ehu doaroapwe tohrohr ong doaroapwehn kakapwala wet. Section A.-F. pilada ma Ei de Soh ni omw kileledi ehu rehn kisin kakon ko oh sapengala peidek ko ni ahl me konehng.

SAIN EN PRIMARY CONTACT O:

Primary Contact o anahne sainihdi pali wet oh kasalehda ire kan me se peki en kihda. Ni e sainihdi wasaht, re kasalehda me re kamanahla me ire kan koaros me ntinting nan doaroapwehn recertification wet mehleh oh pwung nin duwen soahng koaros me re ese oh re kihong pwuhng mweimwei ong State of Hawaii en tehk de kilang soahng me reh ahneki de naineki pwehn pahrekiong kosonned Hawaii Revised Statutes §710-1063.

Kalahngan oh kapwurehla doaroapwe wet mwurin omw audehda iangahki ehu copy en doaroapwe me kihong pwuhng ong authorized representative ong address me mih ni the 1 en doaroapwe wet de ong aht Eligibility Branch Office me karanih komwi (kilang pah). Komw pil kak eker wasahn contact Customer Service ni 1-800-316-8005, (TTY/TDD 711) pwehn kanekehla noumw doaroapwehn kakapwala nielepwohn.

Statewide	<p align="center">Med-QUEST Eligibility & Enrollment Service Centers 1-800-316-8005 (Phone) 711 TTY/TDD (Sawas ong me sohte kak de ahneki kapwal en rong oh sohte kak lokaia) 1-800-576-5504 (Fax) MQDCustomerSupport@dhs.hawaii.gov (Email) P.O. Box 3490, Honolulu, HI 96811-3490 (Mailing)</p>
HAWAI'I	<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</p> <p>Moloka'i State Civic Center, 65 Makaena Street, Room 110, Kaunakakai, HI 96748</p> <p>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</p> <p>Kapolei 601 Kamokila Boulevard, Room 415, Kapolei, HI 96707</p> <p>Waipahu 94-275 Mokuola Street, Suite 301, Waipahu, HI 96797</p>

Se Kihdi Wasaht En Sohte Kanenge

OMWI PWUNG EN PEKI EHU ADMINISTRATIVE HEARING

DAHKOT ADMINISTRATIVE HEARING (“hearing”)? Hearing iei ehu ahnsou mwahu ong Department o en kousapahli noumw case o oh komw anahne wia pekipek wet ni 90 day calendar sang rahn en kair de notice o. Emen hearing officer me sohte iang pidada nan en Department o eh doadoahk me pahn kousapahli ire kan kan koaros duwen omw case o. Me hearing officer oh diar me Department o wiahda sapwung ehu, Department o pahn kapwungala ar mwekid sapwung o. 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

KAHREPE KAN PWEHN KAK PEKI EHU KARONGORONGSONS:

- Komw sohte pwungki ehu pilipil me wiawihdahr ong noumw application de case o.
 - Noumw application o pwand en wiawihda sang rahn koasoandihong: 30 days ong SNAP; 90 days ong medical assistance kan pwehki disbaility; 45 days ong financial assistance de soahngen medical assistance teikan me anahn.
- HAR 17-602.1-4; 17-602.1-24; 17-647-3; 17-647-7; 17-647-14; 17-1711.1-32

IA DUWEN EI PAHN PEKI EHU KARONGORONG? Komw kak peki ehu hearing ni omw ntingihdi nan ehu doaroapwehn Department o de sohte lipilipil doaroapwe. Ong SNAP oh medical assistance kelehpw, komw kak eker de ndahiong emen tohn doadoahk ko me komw men peki ehu hearing. Ni ahnsou me Department o pahn alehdi omwi pekipek en, ohpis en Administrative Appeals pahn kadarewei ni ehu kisin likou ire duwen omw hearing o.

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

SAWSA KAN ME I KIN ALE PAHN UHDI. I KAK POUSELAHTE ALE SAWAS PWUKAT NI EI AWIAWIH EI HEARING O? Ei, kalahgan oh wasdek doaroapwehn kair o de notice o pwehn kilang iaht e pahn imwisekla pwe ken kak peki ren pouselahte kihong komwi sawas ko. Ma pilipil en mwurin hearing o iei en dehr kihong komwi dahme komw peki, komw, eri komw pahn anahne en kapwurehiong the pwainla sawas koaros me komw sohte ahneki pwuhng ale. 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

IA UWEN REIREI KOASOANDI WET? Koasoandi wet kin kalapw reireiki 60 days ong anahnepen SNAP de 90 days ong prokram teikan. Ong medical oh SNAP hearing kan, komw kak peki ren kamwadange koasoandi en hearing o ong case kan me uhdahn karuwaru oh mie anahn laud, duwehte ma mour de roson en emen mih nan keper laud. HAR 17-602.1-16; 17-602.1-27; 17-602.1-29; 17-1703.1-4; 17-1703.1-15 to 16.

I PAHN ANAHNE EMEN LAWYER? Komw sohte anahne emen lawyer. Komw anahnete towehda hearing o oh ihte ma komw ndahiong Department wet ni nting, iei ahnsou me authorized representative o pahn welian komwi. Emen me alehdi pwung en welian komwi kak wia emen kompoakepahmw, peneinei, advocate, de emen aramas tohrohr. Pwehn ale sawas ong pelien kosonned de emen en welian komwi ni soh pweipwei, tuhwong pelien Legal Aid Society of Hawaii ni omw eker 808-536-4302 (Oahu) de 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

IA DUWEN MA I ANAHNE EMEN INTERPRETER DE SAWAS TEIKAN? Ni ahnou me komw peki omwi hearing o, komw pil kak peki emen interpreter me samanih doadoahk wet, nting laud kan, sign language interpreter, auxiliary aid, de soahng teikan me sohte daulihla en kohwong komwi. Ma komw sohte wiahda pekipek wet mwohn rahn en omw hearing o, omw hearing o kakete kasaulahng pil ehu rahn tohrohr ni ahnsou ehu me komw kak alehdi soahng kan me komw peki. HAR 17-602.1-5; 17-602.1-13; 17-602.1-30; 17-1703.1-6; 17-1711.1-2

IAHNGE EI PWUHNG KAN ONG NI AHNSOUN HEARING? Komw kak idek rehn tohn doadoahk me sewesei komwi en kilang doaroapwe kan oh rekord kan mwohn hearing o. Ni ahnsoun hearing o, komw kak kasalehda dahme kahrehda komw medewe me Department o sapwung oh komw kak wia peidek kan ong nein Department o nair sounkadehde kan. Komw pil kak wahdo pein noumw sounkadehde kan. Komwi oh Department o pahn anahne en pwungkipene ihs me kak iang rong hearing o. Kilang pali powe pwehn ale sawas en emen interpreter. 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

DAHKOT FRAUD? Iei ma komw sohte idawehn soahng kan me komw anahne en ripohtki, likamw, de ekihla ire mehleh kan, komw kakete alehdi pwukoa en pwainla uwen sawas koaros me komw alehdi oh kalokepe teikan me mih pahnangin kosonned, iangahki ale kadeikpomw (prosektion). HAR 17-604.1; 17-1704-3, 17-1713.1-2; HRS §346-43.5, 710-1063

IAHNGE PIL EI PWUHNG TEIKAN?

• **CONFIDENTIALITY:** Department wet sohte pahn mweidada en sansal ire pwukat. Ihte ma kosonned en prokram de kosonned kan en pelien federal mweidada, ma mie anahnepe ni ekei soangen irair kan ong protective service, fraud investigation kan, de ma komw kihlong ehu pekipek ni nting pwehn mweidada de kasalehda noumw ire kan. HAR 17-601; 17-1702-5 to 6; 17-1706-6

• **NON-DISCRIMINATION:** Department wet sohte kin kasalehda discriminate, exclude, de wie ehu soahng ong aramas pwehki race, color, national origin, sounpar, disability, de sex/gender (expression de identity) de pwehki irair me reh mih pah ni kosonned en federal de state. Ma komw kamehlele me Department wet de eh tohnsawas kan sohte kihong komwi sawas de kasalehda mwomw kan en discriminated, komw kak file idi ehu

kamplain rehn: Civil Rights Compliance Officer ni e-mail ni DHSCivilRightsBox@dhs.hawaii.gov, eker (808) 586-4955 de 711, fax lahng (808) 586-4990 de ntinglahng: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, HI 96809-0339. Doaroapwehn kamplain ong DHS discrimination (DHS 6000) kak dierekni <https://humanservices.hawaii.gov> ni Civil Rights Corner pahngin Forms. Komw pil kak file idi ehu kamplain rehn U.S. Department of Health oh Human Services, Office for Civil Rights, ni computer ape ni <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, de ni omw kadar mail de delepwohnlahng ni: U.S. Department of Health oh Human Services, Office for Civil Rights (OCR), 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, Delepwohn: 1(800) 368–1019, TDD: 1(800) 537–7697.