

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



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Today's Date

Fika e keisi: \_\_\_\_\_  
Fika Telefoni: \_\_\_\_\_  
Fika fax: \_\_\_\_\_

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

Malo lelei,

Ko ho’o eligibility renewal ‘eni ‘oku fie ma’u fakata’u. **Kataki ‘o toe vakai’i kotoa e fakamatala ‘i laló, fakahu ha fakamatala fo’ou pe liliu ki he ngaahi kongá kotoa, pea tali kotoa e ngaahi fehu’i ‘i he foomu ko ‘eni.**

‘E lava ke fakangata ‘a e **Medical assistance** kapau ‘oku ‘ikai fakakakato ho’o foomu **renewal** he ‘aho ke ‘osi ki ai ‘i lalo.

**Te ke lava ‘o fakakakato ho’o renewal ‘i ha taha ‘o e ngaahi founa ko ‘eni:**

- Telefoni mai ke fakakakato ho’o **renewal** ‘i he telefoni
- Fakakakato, fakamo’oni hingoa, pea fakafoki mai ‘a e foomu ko ‘eni kiate kimautolu ‘i he meili, ‘imeili pe Fax
- ‘A’ahi ki ha taha ‘o hotau ngaahi ‘ofisi ke fakakakato ho’o **renewal**

Vakai ki he kongá ‘o e ngaahi fakahinohino ki he ngaahi foomu ‘i he faka’osinga ‘o e fanongonongo ko ‘eni ki he fakakiiki ‘o e founa hono fakahu ho’o **renewal foomu** .

**‘AHO KE ‘OSI KIAI: Fakafoki mai ‘a e foomu ko ‘eni kiate kimautolu pe telefoni mai ke fakakakato ho’o renewal**

\_\_\_\_\_.

**Section A Fakamatala ki he famili**

'Io 'Ikai

  A1. 'Oku ke fiema'u ke ta'ofi kotoa 'ae Med-QUEST mei he memipa kotoa ho famili?

Kapau 'oku 'Io, fakamolemole 'o vahevahe mai 'a e 'uhinga \_\_\_\_\_, pea ke hiki fakalaka leva kihe Section F.

'Io 'Ikai

  A2. **Founga Fetu'utaki:** Na'e liliu ho hingoa, tu'asila( 'api nofo'anga pe/tu'asila meili), fika telefoni, pe emeili?

Fakamatala Lolotonga	Liliu ki he
Hingoa:	
Tu'asila ho 'api nofo'anga	
Tu'asila meili:	
Telefoni ki 'api:	
Telefoni to'oto'o:	
Telefoni Ngaue:	
Emeili:	

'Io 'Ikai

  A3. **Liliu ki he Famili Lolotonga:** Na'e 'iai ha liliu ki he tokolahi 'ae memipa ho famili?

'Oku fonu e kongia ko 'eni 'o e fetu'utaki faka'api 'i he ngaahi va fetu'utaki 'i he vaha'a 'o e memipa takitaha 'o e famili. Kapau 'oku hala ha taha 'o e ngaahi va fetu'utaki 'oku hiki atu, kolosi kinautolu pea tohi 'ae va fetu'utaki totonu, 'o hange ko e lisi ko 'eni 'o e fa'ahinga va fetu'utaki. Kapau 'oku 'ikai fakafonu 'a e va fetu'utaki, kataki 'o tohi mai 'a e va fetu'utaki totonu.

\*Tanaki atu ha kau memipa 'o e famili 'oku pulia 'i he ngaahi feitu'u 'oku fakaava atu

**Kapau 'oku 'ikai ha liliu kataki hiki fakalaka ki he fehu'i A.4****Fa'ahinga Fetu'utaki:**

- Mali
- 'Ikai mali pe Hoa ngaue
- Ongo matu'a ( kau ai ongo matu'a 'i he fono)
- Fanau (kau ai fanau 'i he fono)
- Kui
- Mokopuna
- Ongo matu'a foster
- Fanau foster
- Tauhi fakamafai'i
- Fanga tokoua ( kau ai fangatokoua 'ihe fono)
- Fa'etangata/Aniti
- Kasini
- 'Ilamutu/Fakafotu
- Moha toe taha keke pe ( i.e famili 'I he fono)
- 'ikai ha famili

(Hingoa'uluaki moe hingoa Fakafamili ) va fakafamili

Hingoa tokotaha ho famili ( fa'ahinga fetu'utaki)

## Hange ko 'eni:

<b>John Doe's va fakafamili</b>
Jane Doe 'oku mali
Mary Doe koe ongomatu'a ( kau kiai matu'a ikai Tamai pe Fa'e taha)
Steve Doe koe ongomatu'a (kau kiai matu'a 'ikai Tamai pe Fa'e taha)
David Doe koe tokoua ( kau ai fanau pe tokoua ikai Tamai pe Fa'e taha)

'lo 'Ikai

Kapau 'oku 'iai ha liliu ki ha memipa he famaili, kataki ngaue'aki 'a e Saati 'i lalo ke fakatonutonu 'ae fakamatala fakamuimitaha.

MEMIPA 'OE FAMILI KE TO'O PE TA'OFI 'AE TOKONI			
Hingoa	'Uhinga ( vakai ki he sipinga 'i lalo)	'Aho ke to'o ai	Ta'ofi 'ae tokoni
			<input type="checkbox"/> 'lo <input type="checkbox"/> 'ikai
Sipinga ki he 'uhinga 'oku to'o ai 'ae memipa he famili			
Hiki ( Nofo pe he State pe mavahe mei he State. Kataki hiki mai hono tu'asila fo'ou kapau 'oku ma'u)	'I Pilisone pe Hawaii State Hospital	Vete pe Mavae fakalao	
Mate	Fale vaivai pe Community Care Foster Family Home	'uhinga Makehe ( kataki fakamatala'i)	

<b>MEMIPA FO'OU HE FAMILI: Kapau 'oku fiema'u ke tanaki 'o laka hake he taha (1) 'ae memipa fo'ou, kataki 'ai ha tatau 'oe peesi ko eni moe hoko mai pea fakapipiki kiai ha la'ipepa mavahe pea tali 'ae fehui ki he tokotaha kotoa pe 'i he famili 'oku hiki fo'ou, pe teke fetu'utaki ki he Customer Service he 1-800-316-8005 (TTY: 711 pe 1-800-603-1201 kiha toe fiema'u.</b>		
Memipa Fo'ou ( 'Uluaki Hingoa, Hingoa loto, Hingoa fakafamili, hingoa tanaki atu mei mui)		
Kapau koe memipa fo'ou koha pepe fo'ou, kataki hiki mai 'ae ongomatu'a:		
Hingoa Fa'e:	Hingoa Tamai:	
Fakafonu ki he Medical Services ? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai		
Na'a ne ma'u ha'ane Medical Services 'i he 90 days kou 'osi? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai kapau 'oku 'lo, 'Aho:		
Tangata pe fefine	'Aho fa'ele'i	** Social Security Number
<p><b>**'Oku fiema'u 'a e Social Security number (SSN) ki he memipa kotoa pe (kau ai e fanau) 'a ia 'oku nau fakafonu mai ki he Medical assistanc . Temau fetu'utaki atu 'o kapau 'oku toe 'iai ha me'a makehe 'oku fiema'u. 'E fakatoloi ho'o foomu kole kapau 'e 'ikai ke ma'u mai 'ae ngaahi me'a makehe na'e fiema'u atu. Kapau 'oku ke fiema'u ha tokoni ke ma'u mai 'ae SSN pe fakafetongi ho'o kaati SSN , fetu'utaki kihe 1-800-772-1213 pe ko ho'o hu ki he socialsecurity.gov 'o ma'u mei ai ha fakahinohino. Ko kinautolu 'oku nau ngaue'aki 'ae TTY fetu'utaki ki he 1-800-325-0778.</b></p>		

Gross monthly income ( Fakakatoa <b>kumu'a</b> teeki ke to'o 'a e tukuhau moe ngaahi to'o makehe):				
Oku ke palani ke faile ho'o federal income tax? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai ? Faile fakataha moe mali? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai				
Teke faile ha taha 'oku fakafalala kia koe keke tauhi 'i hoo tax ? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai				
Hingoa 'oe tokotaha 'oku fakafalala kia koe keke faile 'i ho'o tax:				
'Oku faile 'a e tokotaha ni ha taha kehe he'ene tax ? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai				
Kapau 'oku 'lo, hingoa 'oe tokotaha na'a ne faile? * Ko hona va fakafamili:				
Oku feitama 'ae memipa fo'ou ko 'eni? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai	'Aho ke fa'ele ai: <span style="float: right;">Toko fiha:</span>			
'Oku ke U.S. Citizen/National? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai				
Kapau 'oku 'Ikai, koe memipa fo'ou koe 'eni 'oku 'iai ha fa'ahinga <b>immigration status</b> ? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai				
'Aho na'e tu'uta mai ai _____ Muli pe fika I-94 _____				
Pepa mei he Immigration(i.e.I-5551, Visa etc.) :	Tu'unga 'oku 'iai			
Hingoa 'oku 'asi he pepa Immigration				
Fika Passport pe koha fiha he kaati				
SEVIS ID pe 'Aho na'e 'osi ai (fili pe)	Fa'ahinga kouti			
'Oku 'iai nai ha taha he memipa 'oe famili 'oku ne faile he'ene tax fakafalala nai 'ae tokotaha fo'ou ko 'eni ki he'ene taxes? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai				
Kapau 'oku 'lo, Hiki 'a e hingoa 'oe memipa he famili 'oku ne faile 'ae tokotaha ni 'i he'ene tax 'oku fakafalala kia kene tauhi.				
<b>Fakatata ki he va fakafamili ( kau ai 'ae 'ikai Tamai pe Fa'e taha, 'oka fiema'u) 'i lalo:</b>				
• Mali	• Ongomatu'a	• Fanau	• Fanga tokoua	• Tauhi fakamafai'i
• Kui	• Fa'etangata/'Aniti	• 'Ilamutu/Fakafotu	• Kasini	• Fanga makapuna
• Ongomatu'a Foster	• Fanau Foster	• 'ikai ke mali/Hoa ngaue	• 'ikai ha famili	
• Ha toe va makehe ( fakamatala'i heni kataki)				
'Oku fekau'aki fēfē 'a e mēmipa fo'ou mo e Tokotaha ne Tomu'a Fetu'utaki ki ai 'i he Foomu ko 'eni? (* Ngaahi sipinga 'o e va fetu'utaki 'i he peesi kimu'a.)				
Kapau 'oku 'i ai ha kau mēmipa kehe 'i he fāmili ko 'eni, (nofo 'i he "tu'asila lolotonga" 'oku hiki atú) kātaki 'o hiki pe ko hai kinautolu mo e founga 'oku fekau'aki ai 'a e mēmipa fo'ou *mo kinautolu 'i laló:				
Memipa 'i he famili			Hono va ki he memipa fo'ou	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
<b>Kapau 'oku lahi hake he toko (6) kataki 'ai ha tatau 'oe peesi ni, fakafonu pea fakapipiki fakataha.</b>				

'lo 'Ikai

**A4. Tax Faile Tukupau 'a e Fāmili:** 'Oku tonu nai 'i lalo 'a e fakamatala ki he faile tax ? Kapau 'oku 'ikai kataki 'o fakatonutonu 'a e tepile 'i lalo.

Hingoa ('Uluaki, Loto, Fakafamili, tanaki atu mei mui)	Faile taautaha pe fakataha?
'Oku ke faile ha taha 'i ho'o tax 'oku fakafalala mai kia koe? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai	Hingoa ho mali ('Uluaki, Loto, Fakafamili, tanaki atu mei mui)
Hingoa 'o e ni'ihi 'oku fakafalala ki ho'o tax?	
'Oku faile nai 'oku ke fakafalala ki he tax 'a ha taha kehe? <input type="checkbox"/> 'lo <input type="checkbox"/> 'Ikai	
Kapau 'oku tala koho hingoa 'oku faile 'i he tax 'ae tokotaha faile 'oku ke fakafalala ange kiai:	

'lo 'Ikai

**A5. Pa'anga humai 'ae famili:** Kapau kuo liliu e fakamatala 'i lalo, kātaki 'o fakapipiki mai ha ngaahi tatau 'o e liliú. (Hange ko 'eni, totongi 'a e ngaahi fakamatala 'i he mahina 'e tolu kuo hili.) Kapau 'oku ke self-employed, kataki 'o 'omi ha fakamatala fakapepa 'o ho'o fakaikiiki 'o e pa'anga hu mai mei ho'o self-employment.

Hingoa	Ma'u'anga pa'anga humai	Monthly Gross Amount	Ngaue'anga/ *Self-Employment	'aho ke kamata ai	'aho ke 'osi ai
Liliu kihe:					
Liliu kihe:					

\*Kataki 'o to'o ho'o ngaahi fakamole fakapisinisi self-employment mei he pa'anga hu mai fakamahina 'oku lipooti 'i 'olunga.

'lo 'Ikai

**A6.** Na'á ke kau pe ko ha taha pē 'i ho famili 'i ha me'a na'e hoko pe fakatu'utamaki, 'a ia 'e ha'isia nai ai ha taha kehe ki ho'o ngaahi fakamole fakafaito'ó? Kapau 'oku 'lo, te mau fetu'utaki atu kiate koe.

Kohai na'e kau kiai	'Aho na'e hoko ai 'ae fakatu'utamaki	Ko hai nai 'e fakafalala kiai/ Kautaha Insurance

'lo 'Ikai

**A7. 'Oku 'i ai nai ha taha 'i he famili ko 'eni 'oku lolotonga lesisita 'i he mo'ui lelei kehe mei he Medicaid (QUEST Integration?)**

Hingoa	Health Insurance Carrier/Palani	Policy ID	'Aho ke kamata ai	'Aho ke faka'osi ai

**Section B**

**B1.** 'Oku 'i ai ha memipa 'oku laka hake he ta'u 65, kui pe disabled ? Kataki 'o vakai'i pe 'oku tonu 'a e fakamatala 'oku hiki atu 'i laló. Kapau 'oku 'ikai, kataki 'o fakatonutonu 'a e tēpile 'i laló.

Hingoa ('Uluaki, Loto, Fakafamili, Hingoa fakapipiki mei mui)	Kui/Disabled	Ta'u 65 pe lahiange	Ma'u 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"/>

**HIKI FAKALAKA 'AE SECTIONS C, D, MOE E KAPAU 'OKU 'IKAI KE 'I AI HA MĒMIPA 'O E FĀMILÍ:**

- ta'u 65 pe motu'a ange
- ma'u 'ae malu'i Supplemental Social Security Insurance (SSI /pe
- ma'u ha ngaahi lelei 'o makatu'unga 'i he disability mo e/pe
- Ma'u 'o e Medicare A/B pe fakatou'osi

**Section C:**

**C1.** Na'e 'i ai nai ha koloa 'a ha taha (pangike/ngaahi 'akauni fakapa'anga, 'api, 401K, stocks, mo e ala me'a pehe)? Kātaki 'o fai ha ngaahi liliu 'i lalo. \* pe palanisi 'i he 'aho 1<sup>st</sup> 'oe mahina lolotonga'

Hingoa	Fa'ahinga ma'u'anga tokoni	'Aha na'e liliu ai	*Mahu'inga lolotonga

**Section D:**

**D1.** 'Oku 'iai ha taha 'i ho famili pe ko koe 'oku 'iai hano 'api pe kelekele?

Hingoa tokotaha 'a'ana	Tu'asila 'oe 'Api pe kelekele	Mahu'inga lolotonga

**D2.** 'Oku 'iai ha taha ho famili pe ko koe 'oku ne ma'u 'a e annuity?

Hingoa tokotaha 'a'ana	'Aho na'e ma'u ai	Hingoa moe Tu'asila 'oe kautaha Annuity

**D3.** D 'Oku ke mo'ua nai pe ko ha taha 'i ho famili ki ha no, mortgage pe tohi promissory?

Hingoa tokotaha 'a'ana	'Aho fefakahu'aki	Pa'anga kamata	Palanisi 'oku toe ke totongi

**D4.** 'Oku ke fakatau nai 'e koe pe ko ha taha 'i ho famili ha life estate interest 'i ha koloa 'a ha taha kehe?

Hingoa tokotaha 'a'ana	'Aho fefakahu'aki	Tu'asila 'oku 'iai 'e koloa	Lahi pa'anga na'e totongi

'lo 'Ikai

- D5.** 'Oku ke totongi nai pe ko ha taha 'i ho famili ha totongi hu ki he hu'anga ke hu ki he Continuing Care Retirement Community (CCRC) or Life Care Community (LCC)?

Hingoa 'oe tokotaha 'a'ana	'Aho na'e totongi ai	Hingoa moe tu'asila 'oe CCRC/LCC	Pa'anga na'e totongi

**Section E Long-Term Care tokoni**

'lo 'Ikai

- E.1** 'Oku 'i ai nai ha taha 'i homou famili 'oku ne ma'u pe fie ma'u ha tokoni kihe Long-Term Care, Nursing Home, Adult Foster home, 'iho 'api, Assisted Living home pe Retirement/Life Care Community?

Hingoa 'oe tokotaha: \_\_\_\_\_

Hingoa 'oe tokotaha: \_\_\_\_\_

'lo 'Ikai

- E2.** Na'a ke fakatau atu mo/pe ko ho mali, fefakatau'aki, pe foaki ha koloa pe ngaahi koloa kehe--kau ai 'a e pa'anga--'i he mahina 'e 60 months kuo hili? Pe, na'a ke fai mo/pe ko ho mali ha ngaahi fe'ave'aki ki ha trust 'i he mahina 'e 60 months kuo hili?

Hingoa	Koe ha e koloa	Ha hono 'uhinga	'Aho na'e fe'ave'aki ai	Mahu'inga	Fakakatoa na'e ma'u

**Section F Ngaahi Liliu Kehe**

'lo 'Ikai

- F1.** 'Oku 'i ai ha ngaahi liliu kehe ke ke lipooti? *Kapau 'oku lipooti ha ngaahi liliu kehe, kātaki 'o 'omi ha fakamatala fakapepa 'oku ne poupou'i.*

**KATAKI 'O FAKAMO'ONI HINGOA 'I LALO PEA FAKAFOKI MAI 'A E FOMU KIATE KIMAUTOLU 'I HE meili, 'emeili, Fax pe 'i homau 'ofisi.**

**FAKAMANATU:** Te ke lava foki 'o telefoni mai ke fakakakato ho'o fakafo'ou 'i he telefoni.

**Vakai ki he KONGA 'OE NGAahi FOMU ki hono fakaikiiki.**

'Oku ou fakamo'oni'i 'oku mo'oni 'a e fakamatala 'oku 'oatu 'i he fomu recertification ko 'eni pea mo e lelei taha 'o 'eku 'ilo. Kapau te u fai ha ngaahi fakamatala loi 'i he fomu ko 'eni, 'e lava ke prosecuted au 'i he Hawaii Revised Statutes §710-1063. 'I he'eku fakamo'oni hingoa, 'oku ou fakamafai'i ai hono fakapapau'i 'o ha ngaahi fie ma'u 'oku fe'unga, ke fakakau ai e ngaahi ma'u'anga tokoni mo e ngaahi kautaha fakapa'anga. 'Oku ou fakangofua ki he State of Hawaii ke vakai'i 'eku ngaahi fakamatala. Kuó u lau pe lau mai kiate au 'a e lisi 'o e ngaahi totonu mo e ngaahi fatongia 'i he peesi fakamuimui taha te u lava 'o tauhi ki he'eku fakamatala.

Fakamo'oni hingoa 'a e tokotaha 'oku tomu'a fai ki ai e fetu'utaki/ Authorized Representative	SSN	'Aho (mm/dd/yyyy)
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**KAPAU 'OKU 'I AI HA TAHA 'I HO FAMILI 'OKU LAKA HAKE HE TA'U 65 'OKU KUI PE DISABLED, KO E TOKOTAHA FAKAFO'ITUITUI MO HONAU MALI 'OKU KAUNGA KI AI (I.E. KAKAI LALAH I 'OKU FAKAFALALA KI HE tax FAKAFAMILI) FAKAMO'ONI 'I LALO**

'E Ngata 'a e fakamafai'i ko 'eni kapau 'e 'ikai tali 'eku tohi kole ki he Medicaid, pe koau 'oku 'ikai toe fe'unga ki he Medicaid, pe koau na'aku ta'ofi 'a e fakamafai'i 'i he fakamatala kuou tohi ki he'eku Department of Human Services. SEC 1137(a) 'oe ngaue.

Fakamo'oni Hingoa Makehe 'ae memipa 'o e famili:	Va fetu'utaki moe tokotaha kole/Beneficiary	SSN	'Aho(mm/dd/yyyy)
	*Mali		

**Fakamalo atu 'i ho taimi pea 'oku mau hanganaki atu ke tokoni'i koe!**



**KONGA KI HONO FAKAHINOHINO 'O E NGAAHI FOOMU****'UHINGA:**

'E faka'aonga'i 'a e foomu DHS 1100B-2 Medical Assistance Eligibility , ko e tatau pepa 'o e N-14 Renewal . Kapau 'oku 'ikai lava ke faka'aonga'i 'a e N-14 Renewal 'i he me'a na'e hoko, 'e lava ke faka'aonga'i 'a e DHS 1100B-2.

**FAKAHINOHINO:**

E fakafonu 'a e foomu ko 'eni 'e he Tokotaha 'Uluaki Fetu'utaki pe **or Authorized Representative**.

**Ke Tomu'a Fai ki ai 'a e Fetu'utaki:**

Kapau 'oku fie ma'u ha feitu'u lahi ange ki ho'o ngaahi tali, kātaki 'o fakapipiki ha la'ipepa mavahe ki he foomu fakafo'u ko 'eni. . Section A.-F. fili 'a e 'lo pe 'ikai puha ke faka'ilonga'i pea tali e ngaahi fehu'i 'o ka fie ma'u.

**FAKAMO'ONI HINGOA 'A E TOKOTAHA 'OKU FAI KI AI E FETU'UTAKI:**

Kuo pau ke fakamo'oni hingoa 'i he konga ko 'eni 'a e Tokotaha 'Oku Tomu'a Fetu'utaki ki ai pea 'omi mo ha fakamatala 'oku fiema'u. 'I he'enu fakamo'oni hingoa 'oku nau fakamo'oni'i 'oku mo'oni mo tonu 'a e fakamatala 'oku 'oatu 'i he foomu recertification ko 'eni ki he lelei taha 'o 'enu 'ilo pea 'oku nau fakangofua ki he State of Hawaii ke vakai'i 'enu ngaahi ma'u'anga tokoni 'o hange ko ia 'oku fakangofua 'i he Hawaii Revised Statutes §710-1063.

Kātaki 'o fakafoki 'a e foomu ko 'eni kuo fakafonu mo ha tatau 'o e fakamatala fakapepa 'o e **authorized representative** 'i he peesi 1 'o e foomu ko 'eni pe ki he **Eligibility Branch Office** 'oku ofi atu kiate koé (vakai ki lalo). 'E lava foki ke ke **contact Customer Service at 1-800-316-8005, (TTY/TDD 711** ke fakakakato ho'o **renewal** 'i he telefoni.

<b>Statewide</b>	<p align="center"><b>Med-QUEST Eligibility &amp; Enrollment Service Centers</b>  <b>1-800-316-8005 (Phone)</b>  <b>711 TTY/TDD (Available to deaf, hearing, and speech impaired)</b>  <b>1-800-576-5504 (Fax)</b>  <b>MQDCustomerSupport@dhs.hawaii.gov (Email)</b>  <b>P.O. Box 3490, Honolulu, HI 96811-3490 (Mailing)</b></p>
<b>HAWAII</b>	<p><b>Hilo Service Center</b>  1404 Kilauea Avenue, Hilo, HI 96720</p> <p><b>Kona Service Center</b>  Lanihau Professional Center, 75-5591 Palani Road, Suite 3004, Kailua-Kona, HI 96740</p>
<b>KAUA'I</b>	<p><b>Kaua'i Service Center</b>  Dynasty Court, 4473 Pahee Street, Suite A, Lihue, HI 96766</p>
<b>MAUI</b>	<p><b>Maui Service Center (Maui County)</b></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>
<b>OAHU</b>	<p><b>Oahu Service Center</b></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>

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**Oku 'ikai ha tohi 'i hē peesi ko 'eni 'oku ava pe**

## YOUR RIGHTS TO REQUEST AN ADMINISTRATIVE HEARING

**WHAT IS AN ADMINISTRATIVE HEARING (“hearing”)?** A hearing is a fair review of the Department’s action on your case and must be requested within 90 calendar days from the date of this notice. A hearing officer who was not involved in the Department’s action will review all the facts of your case. If the hearing officer finds that the Department made a mistake, the Department will correct the action. 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

### REASONS TO ASK FOR A HEARING:

- You do not agree with a decision that was made on your application or case.
- Your application was not processed timely: 30 days for a SNAP; 90 days for a medical assistance on the basis of a disability; 45 days for a financial assistance or other medical assistance application.

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

**HOW DO I ASK FOR A HEARING?** You can ask for a hearing in writing on the Department’s form or any other paper. For SNAP and medical assistance only, you can also call or tell a worker that you want a hearing. When the Department receives your request, the Administrative Appeals Office will mail you information about your hearing.

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

**MY BENEFITS WILL BE STOPPED. CAN I CONTINUE TO RECEIVE BENEFITS WHILE MY HEARING IS PENDING?** Yes, please read the notice for the deadline to ask for continued benefits. If the hearing decision is not in your favor, you must repay the benefits you were not entitled to receive. 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

**HOW LONG DOES THE PROCESS TAKE?** The process generally takes 60 days for SNAP or 90 days for other programs. For medical and SNAP hearings, you may ask for an expedited hearing process for extreme cases, such as when life or health are at serious risk. HAR 17-602.1-16; 17-602.1-27; 17-602.1-29; 17-1703.1-4; 17-1703.1-15 to 16.

**DO I NEED A LAWYER?** A lawyer is not needed. You must participate in the hearing unless you tell the Department, in writing, that an authorized representative will participate for you. An authorized representative can be a friend, relative, advocate, or another person. For free legal advice or representation, contact the Legal Aid Society of Hawaii at 808-536-4302 (Oahu) or 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

**WHAT IF I NEED AN INTERPRETER OR OTHER ACCOMMODATION?** In your hearing request, you can ask for a free professional interpreter, larger print, sign language interpreter, auxiliary aid, or other reasonable accommodations to be provided. If you do not make your request before your hearing date, your hearing may be rescheduled to when the accommodation can be provided. HAR 17-602.1-5; 17-602.1-13; 17-602.1-30; 17-1703.1-6; 17-1711.1-2

**WHAT ARE MY HEARING RIGHTS?** You can ask your worker to see the documents and records before the hearing. At the hearing you can say why you think the Department was not correct and you can question the Department’s witnesses. You can also bring your own witnesses. You and the Department must agree on the people who will be allowed to observe the hearing. See above for an 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

**WHAT IS FRAUD?** If you do not follow your mandatory reporting requirements, lie, or hide facts, you may be responsible for repaying the value of the benefits you received and other penalties as applicable under the law, including prosecution. HAR 17-604.1; 17-1704-3, 17-1713.1-2; HRS §346-43.5, 710-1063

### WHAT ARE MY OTHER RIGHTS?

• **CONFIDENTIALITY:** The Department will not release your information unless it is allowed in program rules or federal laws, needed in specific protective service situations, for fraud investigations, or if you submit a written request to release your information. HAR 17-601; 17-1702-5 to 6; 17-1706-6

**NON-DISCRIMINATION:** The Department does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex/gender (expression or identity) or any protected class under federal or state laws. If you believe that the Department or its service providers have failed to provide services or discriminated against you, you can file a complaint with: Civil Rights Compliance Officer by e-mail at

[DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov), call (808) 586-4955 or 711, fax to (808) 586-4990 or write to: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, HI 96809-0339. DHS discrimination complaint forms (DHS 6000) are available at <https://humanservices.hawaii.gov> in the Civil Rights Corner under Forms. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, Office for Civil Rights (OCR), 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, Phone: 1(800) 368-1019, TDD: 1(800) 537-7697.

