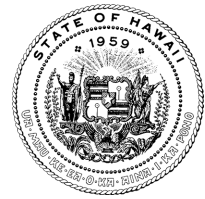


Return this form to:
State of Hawaii – Dept. of Human Services
Med-QUEST Division
P. O. Box 3490
Honolulu, HI 96811-3490



Month XX, 2023

Case Number: 00000000-XX
Nampaan Phone: (808) XXX-XXXX

FIRST LAST
STREET HWY
APT ###
CITY, HI ZIP

MET: MEDICAL ASSISTANCE ELIGIBILITY RENEWAL FORM – N14

Aloha PI_FIRST PI_LAST,

Iei noum ei eligibility renewal form mi namot epwe ammasow iteiten ier. **Kese mochen áneáni meínisin ekkena pwóróus fan, ammasowaanong minaféén pwóróus iká siiwin nón meínisin ekkena kinikin, me pénúweni meínisin kapas eis nón ei taropwe.**

INEET KOPWE WAATO: Eniwini ngenikich ei taropwe me pwan ekkewe auchean taropwe nón <DUE DATE for Renewal Form>

En mi sinei pwe iei ka tongeni ammasowa ei form online?
Nó ngeni medical.mybenefits.hawaii.gov ren óm kopwe riniuni noum iei!
<<Add new N40 table with approved/ex parte members>>

Mi tongeni kéúnó aninnisin pekin sáfei ngeni chókkei mi affatetiwi iká pwe kese ammasowaanó noum ei taropwe mwen ewe ránin kopwe eniwini ngenikich.

Dynamic Text (if we know that income is an issue): *“It appears that your income has changed. Please update your income below and provide documentation.”*

lit	Auchean Taropwe
FIRST LAST SUFFIX	

Ikkei anen an epwe wes ammasowen noum ei taropwe:

- ***Kopwe riniu online wóón medical.mybenefits.hawaii.gov***
- ***Kékkéerikich wóón phone pwe sipwe ánisuk ne ammasowaanó***
- ***Ammasowaanó, sign, me postooni, email iká fax ngenikich***
- ***Etto ngeni eú ach kewe ofes pwe sipwe ánisuk***

Ppii ewe **Forms Instructions Section** fán ei esinesin ren tichchikin anen an epwe tour ngenikich noum ei taropwe.

INEET KOPWE WAATO: Eniwini ngenikich ei taropwe me pwan ekkewe auchean taropwe nón <DUE DATE for Renewal Form>

Kinikin A Pwórusen Ne Imwom:

- A1. Anen Ach Sipwe Tikeruk:** A siiwin itom, óm address (ikewe ke kan nóm ie me/iká nampaan óm pwórun posto), nampaan noum phone, iká óm email?

<u>Pwórusom lei</u>	A Siiwin Ngeni
lit (First, Middle, Last, Suffix): FIRST LAST	
Residential Address (ikewe ke kan nóm ie):	
Home (Neim) Phone:	
Cell Phone:	
Work (Neenien Angang) Phone:	
Email:	

- A2. Ekkewe Ekkesiwin Ren Chón Ne Imwom:** Mi wor ekkesiwin ren chón ne imwom iká a mwúch áninnisin Med-QUEST ngeni ié me neir?

Ei kinikin a kan ammasow pwe epwe ffat iká en tefen chón ne imwom kewe. Iká mi mwáán met e mak, iwe ka chék erienó met ena e mwáán iwe ka makkeei pwúngún. Iká ese wor met e mak, kese mochen ka makkenong iká tefeer en.

* Makkenong iten ié kewe chón ne imwom ese mak iter

Iká ese wor met e siiwin, kese mochen nó ngeni kapas eis A3

lit	Tefan En	Siiwin Ngeni

Ú Apw

Iká mi wor ekkesiiwin ren chón ne imwom, kese mochen kopwe makkeetiwi ié ese chúen nóm iká ese chúen akkangei ánninis.

Iká kopwe apachaanong pwan emén, kese mochen ammasowa Appendix A.

CHÓN NE IMWOM EPWE TETTENUWU ITAN IKÁ KÉÚNÓ ÁNINNIS NGENI			
lit (First, Middle, Last, Suffix)	Popun (Katon Fan)	Ineet	Eúkatiw Ánninis
			<input type="checkbox"/> Ú <input type="checkbox"/> Apw
Ekkewe popun emén a tettenuwu itan: <i>Ese Chúen Nóm; A Kanapwus Iká Nóm Hawaii State Hospital; A Divorce; A Máánó; Nursing Home Iká Community Care Foster Family Home; Pwan Och Popun: (Áweweei)</i>			

Ú Apw

A3. Án Chón Ne Imwom Repotun Takises: Mi pwúng ena repotun takises mi mak fan? Iká apw, iwe kese mochen kopwe ammasowanong ena pwóór fan.

lit (First, Middle, Last, Suffix)	Emén iká fitemén?
En mi kan kleimmini emén atun takises? <input type="checkbox"/> Ú <input type="checkbox"/> APW	Iten pwúnúwom (First, Middle, Last, Suffix)
Iten ié na ke kan kleimmini (First, Middle, Last, Suffix):	
Mi kan wor emén e kan kleimminuk wóón an repotun takises?	<input type="checkbox"/> Ú <input type="checkbox"/> APW
Iká mi wor ié na e kan kleimminuk wóón an repotun takises, iwe makkeei itan ikeei (First, Middle, Last, Suffix):	

Ú Apw

A4. Óm me Án Chón Ne Imwom Mooni Tonong: Iká met ena e mak fan a siiwin, kese mochen ngenikich kapiin ekkena ekkesiiwin. (Áwewe chék, noum pay statement iká check stub nón ekkewe únúngát maram ra kerán chék nó.) Iká mi wor óm pwisin business iká sopai, kese mochen awora ngenikich taropween óm mooni tonong ren.

lit (First, Middle, Last, Suffix)	Niwinum	Niwinum Nón Eú Maram	Employer (Noum Boss)/ *Óm pwisin business iká sopai	E Poputá	E Mwúch
A Siiwin Ngeni:					
A Siiwin Ngeni:					

* Kese mochen kopwe angei úkúúkún niwinum na nón eú maram ke repotei asan, iwe ka áimuuni úkúúkún mooni towu seni óm na pwisin business iká sopai.

Ú Apw

A5. Mi wor ié me nein chón ne imwom mi néúnéú pwan eú esin áninnisin pekin sáfei me núkún Medicaid (QUEST Integration)?

lit (First, Middle, Last, Suffix)	Health Insurance Carrier/Plan	Policy ID	E Poputá	E Mwúch

These sections should be dynamic so we don't populate them if there are no HH Members over age 65 or disabled, etc.

Section C

This section does not apply to your household. Please continue to next section.

Section D

This section does not apply to your household. Please continue to next section.

Section E

This section does not apply to your household. Please continue to next section.

Section F

Kinikin B

Ú Apw

MWET SENI C, D IKÁ ESE WOR CHÓN NE IMWOM:



- Ier 65 feittá
- mi akkangei Supplemental Security Income (SSI) Benefit me/iká
- mi akkangei áninnisin mi ter me/iká
- mi akkangei Medicare A/B iká me ruu

B1. Mi wor ié a 65 ierin iei iká nap seni, mi chuun, iká wor terin? Ei a pachonong (aramas) mi akkangei Supplemental Security Income (SSI) Benefit, akkangei benefit anóngónóng wóón met terin, iká akkangei Medicare Kinikin A iká B. Iká pwe a siwin óm information, kese mochen kopwe apteittini me fan.

lit (First, Middle, Last, Suffix)	Chuun/Ter	Ier 65 feittá	Akkangei 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kinikin C

Ú Apw

C1. Mi wor ié e siiwin mettóchun (an bank/an bank account, wessetáán imwan, 401K, néún sea, me pwan ekkóch?) Kese mochen makkeetiwiw ekkena ekkesiiwin fan. * Fite nusun nón ei áewin ránin ei maram

lit (First, Middle, Last, Suffix)	Met Sókkun/Iten Ena kompanien Pekin Finance	Méméén Nón Ewe	Fite Nusun nón ei áewin ránin ei maram

Kinikin D

Ú Apw

 D1. Mi wor eú fénúom iká fénúen emén nein chón ne imwom we?

Iten Minneká Fénúan (First, Middle, Last, Suffix)	Property Address (E Nóm Ia?)	Méméén

Ú Apw

 D2. Mi wor annuity iká áninnisin mooni ngonuk me/iká pwúnúwom we?

Iten Minneká Néún (First, Middle, Last, Suffix)	Ineet A Kawor	Iten ena Kompenien Annuity me Address (E Nóm Ia?)

Ú Apw

 D3. Mi wor óm iká án chón ne imwom loan, niwinimmangen kamé fénú iká imw, iká taropween niwinimmang?

Iten Minneká An (First, Middle, Last, Suffix)	Ineet Ke/E Angei	Fite Úkúúkún	Fite Nusun

Ú Apw

 D4. En iká emén chón ne imwom mi kaméfengen fénú iká kaméfengen imw me pwan emén?

Iten Minneká An (First, Middle, Last, Suffix)	Ineet E Kaméétiw	Address of Property (E Nóm Ia?)	Fite E Kaméétiw

Ú Apw

 D5. En iká emén chón ne imwom mi kan púppúngútiw méén a Continuing Care Retirement Community (CCRC) iká Life Care Community (LCC)?

Iten Minneká Mi (First, Middle, Last, Suffix)	Ineet A Kawor	Iten ena CCRC/LCC me Ena Address (E Nóm Ia?)	Fite E Kaméétiw

Kinikin E Túmwún Ngeni Ekkewe Rese Chúen Tongeni Pwisin Túmwúnúúr

Ú Apw

- E1.** Mi wor chón ne imwom mi kan akkangei iká need áninnisin Long-Term Care nón eú Nursing Home, Adult Foster home, nón pwisin imwan, Assisted Living home iká Retirement/Life Care Community?

Iten Ewe/Ekkewe Aramas (First, Middle, Last, Suffix): _____

Iten Ewe/Ekkewe Aramas (First, Middle, Last, Suffix): _____

Ú Apw

- E2.** En me/iká pwúnúwom mi amémé, ekkesiiwini, iká fangonó mettóchúmi iká pwan ekkóch -- pachonong mooni—atun ekkeei 60 maram ra nó? Iká, en me/iká pwúnúwom mi transfer mooni ngeni eú trust atun ekkeei 60 maram ra nó?

lit (First, Middle, Last, Suffix)	Met	Popun	Ineet	Méméén	Fite Ke Angei

Kinikin F Ekkóch Ekkesiiwin

Ú Apw

- F1.** Mi wor ekkóch pwan ekkesiiwin kopwe repotei? *Iká kopwe repotei ekkóch ekkesiiwin, kese mochen kopwe awora ngenikich taropween ekkena ekkesiiwin.*

KESE MOCHEN SIGN FAN IWE KA postooni, email, fax iká pwisin waato nón ach ofes.**CHECHCHEMENI: Ka tongeni kékkéerikich wóón phone pwe sipwe ánisuk ne ammasowaanó noum ei taropwe.****Ppii FORM INSTRUCTIONS SECTION ren tichchikin pwóróus**

Úa ánnetatá pwe ekkeei pwóróus úa ammasowaanóng nón ei taropween recertification mi pwúng me ennet me nóngónóng wóón úkúúkún met ai sinei. Iká mi chofona iká mwaken met ú ammasowa ngeni ei taropwe, ngang mi tongeni képwúng me ren ewe Hawaii Revised Statutes §710-1063. Ai sign ei taropwe a wewe ngeni pwe úa mutaata an epwe wor angangen cheki iká ngang mi tongeni iká fich ngeni ai angei ekkeei esin áninnis, me an epwe pwan chek ai bank, bank account, me metakkan. Úa mutaata án State of Hawaii epwe cheki ái statement. Úa pwisin áneáni iká emén a wisen áneáni ngeniei ai kewe pwúng me wisei kewe mi mak nón ena saingoon taropwe úpwe anomu ngeniei.

Ewe Minekká Néún Ei Taropwe/Ewe Epwe Wisen Angei Ewe Áninnis/Chón Tupwuni Signature:	Pwinin Maram (mm/dd/yyyy)
--------------------------------------------------------------------------------------------	------------------------------

Kinisou ren óm fansoun me sia pwapwa ne anisuk!

FORMS INSTRUCTIONS SECTION**AUCHEAN POPUN:**

Ka tongeni print ena taropwe itan DHS 1100B-2 Medical Assistance Eligibility Renewal, pwe mi chék nénné ngeni ena taropwe itan N-14 Renewal Notice. Iká pún kese tongeni néúnéú N-14 Renewal Notice, iwe ka tongeni chék néúnéú DHS 1100B-2.

KOPWE IFA USSUN:

Ewe minnekká néún ei taropwe iká ewe chón tupwuni epwe wisen ammasowaanó ei taropwe.

Fán Iten Ewe Minnekká Néún Ei Taropwe:

Iká ke ammasowa eú kinikinin ei taropwe nge a kuunó seni pénúwen ekkewe kapas eis, iwe ka tongeni chék angei eché blank taropwe, ammasowa, iwe apachaata ngeni ena kinikin a kuunó.

Kinikin A-F. cheki Ú iká Apw nón ekkewe pwóór me pénúweni ekkewe kapas eis iká mi fich.

ÁN EWE MINNEKKÁ NÉÚN EI TAROPWE SIGNATURE:

I epwe sign ei kinikin me awora met kana mi affateti. An sign ei taropwe a wewe ngeni pwe met a ammasowanong nón ei taropwe mi ennet me pwúng ren úkúúkún an sinei, me a mutata an State of Hawaii epwe cheki mettóchun kewe ussun met mi mumutá fán ewe Hawaii Revised Statutes §710-1063.

Iká ka wes ne ammasowaanó ei taropwe, iwe ka wato rech fengen me kapiin taropween iká mi wor ié epwe wisen tupwunuk ussun met a mak nón page 1, iká ngeni ewe Eligibility Branch Office mi kkan ngonuk (ppii fan). Ka tongeni pwan kékkéeri Customer Service nampaan 1-800-316-8005, (TTY/TDD 711) pwe repwe ánisuk ne ammasowaanó noum ei taropwe.

Statewide	<p align="center">Med-QUEST Eligibility & Enrollment Service Centers 1-800-316-8005 (Phone) 711 TTY/TDD (Available to deaf, hearing, and speech impaired) 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>Kauai 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	Oahu Service Center	
	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

APPENDIX A
APACHAANONG PWAN EMÉN CHÓN NE IMWOM

MINAFÉÉN CHÓN NE IMWOM: Ika kopwe APACHAANONG nap seni (1) minaféén chón ne imwom, kese mochen kopwe kapiini ei taropwe me ena eché mwirin ei, iká fen chék ammasowa eché taropwe iwe ka apache ngeni ei. Iwe ka pénúweni ekkena kapas eis fán iten emén me emén ekkena chón ne imwom, iká kékkéeri Customer Service nampaan 1-800-316-8005 (TTY: 711 iká 1-800-603-1201) ren pwan ekkóch áninnis:		
Iten Ewe Minaféén Chón Ne Imwom (First, Middle, Last, Suffix)		
Ika pwe i emén ménúkon e kerán uputiw, kese mochen makkeetiwan fan iten inan me saman:		
Iten ewe Inenap (First, Middle, Last, Suffix):	Iten ewe Semenap (First, Middle, Last, Suffix):	
E Apply Áninnis Ren Pekin Sáfei? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW		
Mi mwo sáfei nón ekkeei 90 rán ra nó? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW Iká ewer, ineet:		
I Mwáán iká Fefin	Ránin Uputiwan	**Nampaan Néún Social Security
**Nampaan Social Security (SSN) epwe fokkun wor néún emén me emén (pachonong semirit) mi apply ngeni Áninnis Pekin Sáfei. Ina sipwe kékkéeri chón ne imwom iká ám mi need pwan ekkóch pwórus. Ekkewe áninnis mi tongeni mangonó iká pwe ouse tinaato met kana ám mi need senikemi. Iká i mi need áninnis an epwe wor néún SSN iká siiwin néún SSN card, kékkéeri 1-800-772-1213 iká nó ngeni socialsecurity.gov. Chón néúnéú TTY repwe kékkéeri 1-800-325-0778		
Mi pwúpwúnú? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW	Iká Ewer, Iten Pwúnúwan (First, Middle, Last, Suffix):	
Niwinin iteiten maram (unusen niwinin mwen takises me metakkan):		
Mi wor an kokkotun epwe file federal income tax return? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW		
Epwe file tax fengen me pwunuwan? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW		
Epwe kleimmini emén wóón an tax return? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW		
Makkeei iten ié kana epwe kleimmini (First, Middle, Last, Suffix):		
Emén epwe kleimmini eménei woon an tax return? <input type="checkbox"/> Ú <input type="checkbox"/> APW		
Ika ewer, ifa iten ena chón epwe kleim? (First, Middle, Last, Suffix):		*Tefan:
Ena minaféén chón ne imwom mi pwopwo? <input type="checkbox"/> Ú <input type="checkbox"/> . APW	Ineet Epwe Néúnéú?:	Fitemén epwe néúni?:
En emén U.S. Citizen/National? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW		
Iká apw, iwe ena minaféén chón ne imwom mi suuk ngeni an epwe apply me akkangei ekkeei áninnis? <input type="checkbox"/> . Ú <input type="checkbox"/> . APW		
Ineet E Tikenong Wóón Ei Fénú? _____ Alien or I-94 No. _____		
Immigration Document Type (i.e. I-551, Visa, etc.):	Status type	
Itom (First, Middle, Last, Suffix) mi mak wóón noum na immigration doc.		
Passport Nampa.:		Other card Nampa.:
SEVIS ID iká Ineet Epwe Expire (filiom)	Category Code	

Mi wor chón ne imwom ei mi kan kleimmini ei minaféén chón ne imwom wóón ar takises?

Ú **APW**

Iká ewer, iwe kese mochen makkeetiwan fan iten eménna e kleim iwe pwan iten ena e kleimmini.

Ririin Nefinen Chón Ne Imwom We (pachonong “step” iká mi wor) fan:

• Pwúnúwan	• Inan iká Saman	• Néún	• Fefinan iká Mwongean	• Under Primary Care Iká Chón Túttúmúnú
• Inan iká Saman Chinnap	• Uncle/Auntie	• Niece/Nephew	• Cousin	• Néún Néún
• A Semeni Iká Ineni Nge Rese Máráár	• A Néúni Nge Rese Máráár	Re Chék Nómfengen Nge Rese Épwúpwúnú		• Rese Máráár

• Pwan Och (Áweweí)

Ewe minaféén chón ne imwom mi máráár ngeni ewe Minnekká Néún ei Taropwe? (*ririin nefinen chón ne imwom we mi nóm nón ena page mwen ei)

Iká mi wor pwan ekkóch chón ne imwom, (mi nónnóm ren óm ei “current address iká ia ke nónnóm ie”) iwe kese mochen makkeetiwan fan iter kana me *tefeer ena minaféén chón ne imwom:

Chón ne imwom ra fen nónnóm (First, Middle, Last, Suffix):	Tefeer ewe minaféén chón ne imwom (First, Middle, Last, Suffix):
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Iká mi napeseni (6) chón ne imwom kese mochen kapiini ei page, ammasowaanó me apacha ngeni ei taropwe.

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ÓM PWÚÚNG NE TINGOR EPWE WOR ARONGORONG

MET WEWEEN ADMINISTRATIVE HEARING IKÁ ARONGORONG (“arongorong”)? Eú arongorong a kan awora ngenikich fansoun ach sipwe nennengenifengenni met ewe Department a épwúngaano wóon óm case. A wor 90 rán seni ewe atun a toruk met a pwúngúnó wóon óm na case óm kopwe tingor an epwe wor eú óm arongorong. Emén chón angang esap l e wisen angang wóon óm we case, epwe wisen reviewni óm na case. Iká pún e kúna pwe ewe Department e mwáán, iwe ewe Department epwe épwúngú met ena e mwáán wóon. 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

POPUN KOPWE TINGOR EPWE WOR ARONGORONG:

- Kese tipeeú ngeni met a pwúngúnó wóon noum we application (taropwe) iká óm we case.
 - A mmen mang noum we application (taropwe): ese fiti ewe úrúúrún 30 rán ren SNAP; 90 rán ren áninnisin pekin sáfei ren ekkewe mi wor terir; 45 rán ren áninnisin mooni iká application (taropwe) ren pekin áninnisin pekin sáfei.
- HAR 17-602.1-4; 17-602.1-24; 17-647-3; 17-647-7; 17-647-14; 17-1711.1-32

IFA USUN UPWE TINGOR AN EPWE WOR ARONGORONG? Ka tongeni tingor ren óm mak ngeni ewe Department iká néúnéú néún na Department we pwisin taropwe. Ren SNAP me áninnisin pekin sáfei chék, ka tongeni kékkéeri iká ereni emén chón angang pwe ka mochen epwe wor arongorong. Atun a tori ewe Department óm na tingor, iwe the Administrative Appeals Office epwe posto ngonuk pwórousen om na arongorong.

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

ÁNINNISI EPWENE KÉÚNÓ. UPWE CHÚEN TONGENI AKKANGEI ÁNINNISI ATUN ÁI ÚKKÚÚTI AI NA ARONGORONG? Ewer, kese mochen áneáni ena “notice for the deadline iká esinesinen ineet epwe mwúch” pwe kopwe tingor an epwe sópwasópwonó. Iká pwe pwúngúnóón ena arongorong pwe ese ketiw óm na tingor, iwe kopwe eniwinisefaani ewe úkúúkún ke angei pwe úrúúrún kesap angei. 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

IFA TAMEN EI MEN? Taman e kan 60 rán ren SNAP iká 90 rán ren ekkewe ekkóch prokram. Arongorong ren pekin sáfei me SNAP, en mi tongeni tingor an epwe mwittirinó, ákkáeúin iká manaw me péchékkúnen inis mi nóm nón osukosuk watte. HAR 17-602.1-16; 17-602.1-27; 17-602.1-29; 17-1703.1-4; 17-1703.1-15 to 16.

NGANG MI NEED EMÉN NEI SOUÉNNÚK (LAWYER)? Apw, kese need emén noum souénnúk. Mi namot kopwe fiti ena arongorong núkún chék iká ke mak ngeni ewe Department me esinesin pwe epwe wor emén epwe wisen tupwunuk. Ena chón tupwunuk a tongeni emén chiechiom, aramasom, emén chón ánisuk iká pwan emén. Kékkéeri the Legal Aid Society of Hawaii nampaan 808-536-4302 (Oahu) iká 1-800-499-4302 (Ekkewe Neighbor Islands) iká ke mochen ena pekin énnúk epwe awora ngonuk free advice (éúréur) iká chón tupwunuk mi free. HAR 17-602.1-5; 17-602.1-7; 17-602.1-25; 17-602.1-38; 17-1703.1-3

IFA USSUN IKÁ NGANG MI NEED CHÓN CHIYAKÚ IKÁ PWAN EKKÓCH? Kopwe affata nón óm na tingorun arongorong pwe en mi need chón chiyakú mi free, mesemak mi mesewatte, chón áwewe ngonuk nón sign language, pisekin ánnis ren ekkewe mi wor terir, me pwan met mi tufich an epwe kawor. Iká kese affata met keei ke need mwen óm na arongorong, iwe a tongeni epwe kámárenó óm na arongorong pwe epwe tongeni kawor met kana ke need. HAR 17-602.1-5; 17-602.1-13; 17-602.1-30; 17-1703.1-6; 17-1711.1-2

IKKEFA ÁI KEWE PWÚÚNG REN PEKIN ARONGORONG? Ka tongeni tingorei noum na worker óm kopwe katon ekkena auchean taropwe me mwen ena arongorong. Atun ena arongorong, ka tongeni apasaatá pwata ke meefi pwe ewe Department mi mwáán me ka tongeni pwan tichchikin kapas eis ngeni néún ena Department kana chón pwáaraatá. En mi tongeni pwan pwisin awora noum chón pwáaraatá. En me ewe Department oupwe tipeeúfengen wóon ié kewe ra tongeni fiti ena arongorong. Ppii asan ren chón chiyakú. 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

MET FRAUD IKÁ ATAI ÉNNÚK REN AI CHOFONA? Iká pwe kese awora meinisín met kich mi need atun óm féeri óm repot, ka chofona, ka opaano pwórous mi auchea iká namot, iwe mi tongeni pwe kopwe eniwinisefaani méméén ánnis en mi akkangei. Ka tongeni pwan pakking, me ren met mi énnúkútiw, pwan pachonong óm kopwe képwúng. HAR 17-604.1; 17-1704-3, 17-1713.1-2; HRS §346-43.5, 710-1063

IKKEFA ÁI KANA PWAN EKKÓCH PWÚÚNG?

- **CONFIDENTIALITY IKÁ MET MI MÓNÓMÓN:** Ewe Department esap fangewu pwórousom núkún chék iká mi mwúm wúútá seni énnúkún ewe prokram iká énnúkún Merika ren ekkóch popun mi auchea ren choweán protective service, chosaan fraud iká atai énnúk ren chofona, iká ren óm mak me tingor epwe fangewu pwórousom. HAR 17-601; 17-1702-5 to 6; 17-1706-6
- **NON-DISCRIMINATION IKÁ ESE WOR NIFINIFIN ARAMAS:** Ewe Department ese nifinifin aramas, ese pwan áimwumwu, iká kkóno féfférún ngeni aramas pokiten iir seni ia, énúwer, iir pwukupwukun chón ia, ierir, iká mi wor terir, iká iir mwáán iká fefin (iká met me núkún mi pwá ren napanaper me meefier) iká pwan ekkewe mi nóm fán túmwúnúen énnúkkún state ika federal. Iká ke núkú pwe ewe Department iká ekkewe chón awora áninnis rese fokkun awora ngonuk áninnis iká nifinifin ngonuk, ka tongeni atoura óm na complaint ngeni: Civil Rights Compliance Officer ren óm e-mail ngeni DHSCivilRightsBox@dhs.hawaii.gov, kékkéeri (808) 586-4955 or 711, fax ngeni (808) 586-4990 iká mak ngeni: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, HI 96809-0339. DHS discrimination complaint forms iká ekkewe taropween complaint ren an emén nifinifin aramas ngonuk (DHS 6000) a kawor wóón <https://humanservices.hawaii.gov> nón the Civil Rights Corner fán Forms. Ka tongeni file óm complaint ren the U.S. Department of Health and Human Services, Office for Civil Rights, online wóón <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, iká postooni iká kékkéeri: 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.