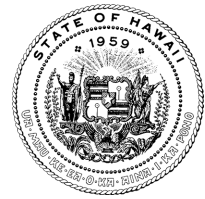


Return this form to:
State of Hawaii – Dept. of Human Services
Med-QUEST Division
P. O. Box 3490
Honolulu, HI 96811-3490



Month XX, 2024

Case Number: 00000000-XX
Nempehn Telephone: (808) XXX-XXXX

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

ONEHDA SAPAHL: MEDICAL ASSISTANCE ELIGIBILITY RENEWAL FORM – N14

Aloha PI_FIRST PI_LAST,

let sapwelmwomwi eligibility renewal form me kin anahne audauda nan pahr koaros.
Komw nek patowan ireh kan me pato pah oh patohwanlong ire kapw kan nan daropwe wet oh komwi sapengala kalelapak kan koaros me pato nan daropwe wet.

RAHN EN KOPWURPWURDO: Komw koapwurehdo form wet oh daropwe me anahn kan koaros sohte pwandasang rahn me kileledi <DUE DATE for Renewal Form>

Komw ese me komw kak kanekehla doaropweh wet online?

Ketla ni medical.mybenefits.hawaii.gov komwi onehda sapahl sapwelomoamwi kisin likou en peki sawas!

<<Add new N40 table with approved/ex parte members>>

Sawas wet pahn kak uhdi de lopila ohng ahd akan me pato pah ma komw pahn sohte audehda form wet ni rahn me kileledi.

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."*

Ahd	Doaropwehn Kadehde
AHD MIOSI	

Komw pahn kak audehda de kanekehla sapwelmwomwi form wet ni soangen wiepe pwukat:

- **Kanekehla noumw onehda sapahl online nan medical.mybenefits.hawaii.gov**
- **Komw kak eker aht tungoal dengwa oh alehdi kaweid oh sawas en audehda form wet.**
- **Komw audehda form wet, sain, oh kadardo ni aht tungoal ohpis de pil email de fax**
- **Komw kak patohdo ni aht tungoal ohpis oh patohwant kaweid en audehda form wet**

Komw tehk wasahn **Forms Instructions** o, ni imwin pakair wet e ruwese ni pisetik mwomwen ohmwi pahn kapidolong sapwelimoamwi renewal form.

LEN ENENUH KE: Fohlohk pwepuh se inge ac pwepuh yohk srihpac pucspucs ke <DUE DATE for Renewal Form>

Koakon A Tohn Ihmw:

Ei Soh **A1. Tuhpene:** Ahmw tungoal ahd, wasahn kousoan?

Ahmw information	Wekidek Lang
Ahd: Ahd, Miosi	
Wasahn Kousoan:	
Telephone Nempehn Ihmw:	
Nempehn Cell:	
Nempehn Wasahn Doadoahk:	
Email:	

A2. Wekidek Lahn Tohn Ihmw: Ma mie wekila ni wen totohn tohn imwomw Med-QUEST de me sohte iang patohwan coverage?

Ei Soh

Mwe Edpenehn tohn ihmw me sanah komwsal iei me iangahki towe kan koaros ohng me wia inoandehn ihmw de wasahn kousoan wet. Ma mie nan relationship me kileledihkan sapwung. Komw kihsang oh kieng me pwung, ma relationship o sohte kileledi ah komw kilelehdi ieng relationship me pwung.

* Kapatahieng tohn imw me sto pwarada nan wasa blank pah.

Ma soahng koaros duhduhte, komw patohdieng kalelapak A3

Ahd	Ke edehng Primary	Wekidek Lang

Ei Soh

Fin Ma mie wekidekla nan tohn ihmwowm, koamw audehda kakon me kaunopdahr pah komwi en patohwandi ireh kan me pwung kasalehda irail kan me solahr patpato rehmwi oh me solahr anahne sawas wet.

Fin Ma komwi men kapatahieng emen ahmw peneinei de tohn ihmwowm, komw audehda

Appendix A.

TOHN IHMW ME SOHLA ALE SAWAS			
Ahd Miosi	Karepe (kilang karasaras oah)	Rahn me e Pidohi	Sohla Ale Sawas
			<input type="checkbox"/> Ei <input type="checkbox"/> Soh

Soangen karepehkan me e pidohiki de sohla iang ahle sawas:
El Pidohi sangt; nan kalapwuh Hawaii State Hospital; mweipeseng; mehla; Nursing Home de Community Care Foster Family Home; Soangen kahrepe teikan: (menlau kawewehdi)

Ei Soh

A3. Tax Filing Household: Mwe Ireh kan me pato pah me pid tax pwung? Ma soh, komw patohwandi me pwung.

Ahd (Ahd Miosi)	Komwi Kelehpw de Pat Pene
Mie me komw pahn <i>claim</i> ? <input type="checkbox"/> EI <input type="checkbox"/> SOH	Eden omw Pwoud (Ahd Miosi)
Eden me ke pahn claim kan (Ahd Miosi):	
Ma mie me pahn claim komwi?	<input type="checkbox"/> EI <input type="checkbox"/> SOH
Ma mie me pahn claim komwi, ah eden (Ahd Miosi):	

Ei Soh

A4. Wen sent me tohn Imwomw kin ale: Ma ire kan me pato pah wekila, komw patohwando daropwe de mehn doadoahk me pahn kak kasalehda wekidekla me mie. Komw doadoahk ehng pein komwi, komw patohwando kisin likou de daropwe me kahn kak kasalehda ire wet.

Ahd Miosi	Wasahn Doadoahk	Wen me komw kin ale sounpwong ehu	Mwet lhs me ke doadoahk ehng/pein ahmw doadoak de business	Rahn E Tepda	Rahn En Week
Welian ieng:					
Welian ieng:					

* Komw patohwan deduct ahmw tungoal self-employment business expenses sang ahmw tungoal isais en nan ehu ehu sounpwong me komw patohwandi powe.

Ei Soh

A5. Kuhtwena Mie tohn ihmwomw me tungoaleniki sawas en imwen wini likin? Medicaid (QUEST Integration)

Ahd Miosi	Health Insurance Plan	Nempehn Policy	Rahn e Tepda	Rahn en Nek

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

Koako B

Ei Soh

KOMW SOHJE ANAHNE AUDEHDA SECTION C, D MA SOHTE TOHN IHMWOMW:



- Masang Soumpar 65
- Ali ale sawas torohr/kamwahu (SSI)
- Ali ale Kapai pwehki kahpwal en paliwar
- Ali ale Medicare A/B de koaros

B1. Mie emen rehmwail me mah kih ier sounpar 65 de laudsang, maskun, de handicap? Met iangahki (irail kan) me ali ale sawas torohr (SSI), Ali ale sawas pwehki ke handicap, De ali ale Medicare Pali A de B. Ma mie wekidekla ah ke intingihdi pah.

Ahd Miosi	Maskun/anahn torohr	Soumpar 65 de laud sang	Ali ale 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"/>

Koakoan C

Ei Soh

C1. Mwe Ahmw dipwisou (wasahn neknek, ihmw 401K, etc) wekila? Komw patohwandi irehkan me wekila nan kakon me pato pah.

Ahd Miosi	Wasa neknek patpato ie	Tala depe	Komw patohwandi tala depe me pato nan neknek wet ni ehu wen sounpwonget

Kokoan D

Ei Soh

D1. Mie me sapwenki Sahpw nan pwungen komwi oh tohn Imwomw?

Ahd Miosi	Dipwisou Kan	Tala Depe

Ei Soh

D2. Mie ahmw tungoal de ahmw werek annuity?

Ahd Miosi	Rahn en Alahldi	Ahd oh was Annuity Company pato ie

Ei Soh

D3. Mie me mie ah tungoal loan wasahn sawaski loan kan?

Ahd Miosi	Rahn me Alahldi	Wen me Alahldi	Wen me Luhwe

Ei Soh

D4. Mie nan ahmw tungoal peneinei me tungoaleniki life estate interest ohng sapwen emen?

Ahd Miosi	Rahn me dipwisou pweipweida	Wasa me dipwisou patopato ie	Pweinen dipwisou

Ei Soh

D5. Kowe de emen tohn imwomw en kin pwain entrance fee ken doulong nan a Continuing Care Retirement Community (CCRC) pe Life Care Community (LCC)?

Ahd Miosi	Rahn me ke alehdi	Eden oh address CCRC/LCC	Tala depe

Koakoan E Sawas en Ansou Reirei Service

Ei Soh

E1. Mie nan ahmw tungoal peneinei de tohn ihmwoww me tungoaleniki de anahne sahpis en Long-Term Care nan Nursing Home, de ni tehnpesomwi o, Assisted Living home de Retirement/Life Care Community?

Eden aramas (Ahd Miosi): _____

Eden aramas (Ahd Miosi): _____

Ei Soh

E2. Komwi de ahmw tungoal werek netkihla de kisakis kihla amwa dipwisou de sapwemwa nan irair en sounpwung 60 patolahr? De komwi de ahmw werek wie nekinek nan trust nan irair en sounpwung 60 patolahr?

Ahd Miosi	Soangen Dipwsou da	Karehpe	Rahn me netla de Kisakiskihla	Pweinen Dipwsou	Wen mwohni me alahdi

Koakoan F Wekidekla Tei Kan

Ei Soh

F1. Mie wekidekla tohrohr me komwi men kasalehda?

KOMW KEPWUR KALANGAN OH PATOHWAN SAIN OHMW TUNGOAL FORM wet oh patohwando ni aht tungoal ohpis. Komw kak kadar do nan mail, e-mail, de fax

TAMAN: Komw pil kak call

KOMW TEHK NAN KOKON EN KASKUHL OHNG ire tikitik kan

Nga I kahukihla me ireh kan me I patohwan dahr nan recertification form wet ni mehlel, pwung, oh ni ahi kak koaros. Ma mie ire me I patohwandi me I patohwan me sapwung nan form wet, I pahn kak dipada oh alehdi kalokepe ni ruwes en kosoned Hawaii Revised Statutes §710-1063. I pwungkidahr oh mweidadahr State of Hawaii in en alehdi de tehk ahi tungoal statement de record. I patohwan wadek her pwuhng kan oh pwukoah kan me pato nan daropwe wet.

Me tungoaleniki doaropwe wet/ Me pahn sohsohki / Weliepe me ahniki manaman Sain:	lahd Rahn/soumpwong/soumpar
---	--------------------------------

Kalangan en kupwuromwi!

FORMS INSTRUCTIONS SECTION**KAREPE:**

DHS 1100B-2 Medical Assistance Eligibility Renewal form kak doadoahk ni ah pahn kin wia welien N-14 Renewal Notice ni ansou kan me N-14 Renewal Notice, pahn sohte kak doadoahk.

KASKUHL:

PDaropwe wet pahn kin audaada sang Primary Contact de aramas men me tungoaleniki mweimwei en wia weliepen tohn ihmw ehu.

ARAMAS ME PAHN PWUHKOAKIN UHK:

Ma mie sou itar en wasahkan me komw pahn kin sapeng kalelapak kan, komw kak kapatahieng ehu daropwe tohrohr pwe ahmw tungoal pasapeng en kak patohdi loale. Komw audehda de sapengala kalelapak kan me “ei” de “soh” pato ie oh patohwandi pasapeng kan me konehng.

ARAMAS ME PAHN PWUHKOAKIN UHK SIGNATURE:

Primary Contact kan pahn anahne sain wasa kiset oh patohwanda daropwe kan de kisin likou kan me pahn anahn ohng form wet. Ni ansou me form wet sain lahr, e kasalehda me ire koaros me pato nan form wet me pwung oh mehlel. Ni ansouhte, State of Hawaii tungoaleniki pwuhng en rop de tehk ma soahng koaros me pato nan form wet mehlel oh pwung sang ni ilek en kosoned Hawaii Revised Statutes §710-1063.

Komw kak patohwando form wet ni ah pahn unsek oh ehu copy en authorized representative ni ohpis oh wasa me sansal nan keieu en page en form wet, de ni Eligibility Branch Office me karanih komwi (Komw tehk nan koakon me pato pah). Komw kak eker Customer Service de nempehn denga 1-8000316-8005, (TTY/TDD 711) ohng kaweid kan de kalelapak me komw tungoaleniki ohng form wet.

Statewide	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)
HAWAI'I	Hilo Service Center 1404 Kilauea Avenue, Hilo, HI 96720 Kona Service Center Lanihau Professional Center, 75-5591 Palani Road, Suite 3004, Kailua-Kona, HI 96740
KAUA'I	Kauai Service Center Dynasty Court, 4473 Pahee Street, Suite A, Lihue, HI 96766
MAUI	Maui Service Center (Maui County) 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

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
KAPATAH IENG EMEN TOHN IHMW**

Ma komw pahn kapatahieng tohtohsang emen tohn ihmwoww nan form wet, komw patohwan ehu copy en page wet oh kapatahieng form wet oh sapengala kalepak kan me doke emen emen me kin iang patpato nan ahmw tungoal ihmw. Komw kak eker Customer Service ni nempehn dengwa 1-800-316-8005 (TTY:711) de 1-800-603-1201 ohng kalepak kan oh kawaida kan me komw tungoaleniki ohng form wet:		
Ahd Miosi (Ahd, Miosi)		
Ma tohn ihmwoww me pato nan daropweht seri pwelel men, komw patohwandi eden pahpa oh nohno en seri menet:		
Eden Nohno (Ahd, Miosi):	Eden Pahpa (Ahd, Miosi):	
Komw peki sawas en Medical Coverage? <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Sawas en imwen win ikan me komw tungoalenikihier nan irair en rahn 90? <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Ma ei, lahd:		
Lih de Ohl	Rahn en Ipwidi	**Nempehn Social Security
<i>**Koaros me pekpeki sawas en imwen wini anahne patohwando arail tungoal social security number (pil serihkan). Ohpis wet pahn kak en eker ahmw tungoal dengwa ma mie anahnnepe. Sawas kan pahn kin ka ken pwandala ma irehkan me konehng pato nan form wet kin sohte alahldi. Ma mie anahnepen sawas ohng alehdi ahmw tungoal social security number de SSN card, komw kak eker nempehn dengwa 1-800-772-1213 de komw kak pwarek ahr tungoal website socialsecurity.gov. Me use TTY kan anahne call 1-800-325-0778</i>		
Pwopwoud? <input type="checkbox"/> EI <input type="checkbox"/> SOH	Ma mie, Eden amw pwoud (Ahd, Miosi):	
Isais en Sounpwung ehu):		
Komw pahn iang file ahmw tungoal tax <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Komwi oh ahmw Pwoud pahn file pene? <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Mie Seri komw pahn claim? <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Ntingihdi eden irail kan me komw pahn claim (Ahd, Miosi):		
Mie me pahn claim komwi? <input type="checkbox"/> EI <input type="checkbox"/> SOH		
Ma Ei, ahd (Ahd, Miosi):		*Edpene:
Aramas menet liseian? <input type="checkbox"/> EI <input type="checkbox"/> . SOH	Rahn en Neitik:	Emen de Mpwer:
Komwi wia towe mehlel en US? <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Ma soh, tohn ihmwoww en ahneki pwuhng oh mweimwei en patpato nan U.S.? <input type="checkbox"/> . EI <input type="checkbox"/> . SOH		
Rahn me peidi _____		Nempe en I-94 _____
Kisin likoun soailoak dah (I.e. I-551, Visa, etc.):		Status Type:
Ahd (Ahd, Miosi) mwomwen ah pwarada nan noumw doaropwehn seiloak		
Nempehn Passport:		Nempehn Card teikan:
SEVIS ID or Rahn me pahn expire (ma ke mwahuki)		Category Code

Miehier emen tohn ihmwomw me claim tohn ihmwomw menet?

EI SOH

Ma Ei, komw ntingihdi eden ihr kan me tohn ihmwomw me claim tohn ihmwomw menet.

Karasepen kan ohng edpenehn tohn ihmwomw (iangahki nein amw pwoud seri, ma mia kihinng) pah:

• Pwopwoud	• Pahpa/Nohno	• Noumw seri	• Riomw	• Pahn Primary Care
• Pahpa kahlap/Nohno Kahlap	• Kahn Pahpaki de Nohnoki	• Me kahn nainki	• Cousin	• Nein Noumw Seri
• Me pwok uhkada	• Me ke pwokada	• Kurupw-Unmarried		• Sto Peneinei

• Soahng Teikan (Menlau kahwehwe)

Iamwomwen tohn ihmwomw menet ah edehng komwi? (*Karasepen ehu pene nan page en mwowehu)

Ma mie tohn ihmwomw me sohte iang pato nan form wet, komw patowahndi nderail kan pohn line kan me kaunopadahr oh iamwomwen ahr edehng tohn ihmwomw menet:

Tohn imwomwo (Ahd, Miosi):

Relationship ieng tohn imwomwo me kapw (Ahd, Miosi):

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

Ma tohn imwomwo daulih me wenemen, wiahda copy en page e koh audehda oh kapatahieng.

Page e udahn Blank

KARONGORONG EN PWUNG

DAHKOT KAHRONGORONG EN PWUNG? Kahrongorong wet pwe en wia pehtek keneinei oh parek ong kosondien Department wet ong sapwelmwomwi deh omwi tungoal case. Komwi aniki rahn duweisek sang rahn komwi ahledi men kair wet komwi en sapeng. Officer meh sohte pihd dah koasondi en Department meh doakei komwi meh pahn wid tehk nih keneinei ihre kan kahros doake case wet. Mah officet wet pahn diarda meh mie en Department wet koasondi kakeht en sohte pwung ah Department wet pahn kapwungala koasondi pwukat. 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

KREHPEN KEN PEKI KAHRONGORONG:

- Ke sto Pwungki koasoandihn amw case o.
- Noumw application o sto process nan pwungen ansou me koasoandi o: Rahn 30 Oang SNAP; Rahn 90 oang sawas sang nimwen wini oahng anahn torohr; Rahn 45 oang application en sawas e pen mohni de sawas sang nimwen wini.

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

IA MWOMWEN AI PAHN PEKI KAHRONGORONG? Ke kak peki kahrongorong sang ni nein department form de form tei kan. Oahng SNAP de medical assistance te , Ke kak call de indahng emen tohn doadoahk ko me ke mwahuki karongorong. Ansou me department o alehdi noumw request o, the Administrative Appeals Office re pahn kadar wei nan mail information en amw kahrongorong o.

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

SOHLA ALE AI BENEFIT KO MA AI CASE O NANNANTI, KAKKAKETE ALE AI BENEFIT KO? Ei, Menlau wadek pakair oahng deadline in ken peki ken ali alehte noumw benefit ko. Ma ke luhs amw case o ah ke anahne kapwungala benefit pwon me ke sto konehng 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 WEN WEREIN PROCESS O? Rahn 60 oahng SNAP Rahn 90 oahng ekei program. Oahng medical de SNAP, Ma amw soumwahu en udahn doar koh anahne dahr ah re kak karuwahda amd kahrongorong o. HAR 17-602.1-16; 17-602.1-27; 17-602.1-29; 17-1703.1-4; 17-1703.1-15 to 16.

IH ANAHNE LAWYER? Ke sto anahne lawyer. Ke Anahne mih ki mwo amw kahrongorong, de ke inting lang department o koh indang rail me mie authorized representative me kak weilian uhk. Ma ke anahne sawas de advice ke kakcall the Legal Aid Society of Hawaii ni 808-536-4302 (Oahu) de 1-800-499-4302 (neighboring Islands). HAR 17-602.1-5; 17-602.1-7; 17-602.1-25; 17-602.1-38; 17-1703.1-3

MAI ANAHNE SOUN KAWEHWE DE MA MIE AI ANAHN TOROHR? Kanou me ke request amw kahrongorong o ke kak peki noumw soun kawehwe de rehn seweseh kin uhk amw anahn tei kan. Ma ke sto request mwohn amw karongorong o and re kak welian rahn in kahrongorong lahu koh alehdi sawas me ke anahnehu. HAR 17-602.1-5; 17-602.1-13; 17-602.1-30; 17-1703.1-6; 17-1711.1-2

IA AI PWUNG NI KAHRONGORONG O? Ke kak peki rehn tohn doahdoahk ko ken kilang doaromepwe koaros. NI Karongorong o Ke kak inda iawasa me ke medmedwe me department sapwung la ie, koh pil question nein department o witness o. Ke kak wahdo pein noumw witness. Kowe oh department o pahn pwungkihda isime kak iang mih ni karongorong o. Kilang Paragraph 2 powe ma ke anahne interpretor. 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? Ma ke sto pwakih koasoandi, de ke likamw , de pil ekih sang rail mehkot me ke anahne report, Re kak pweien inda ken kapwungala ien me ke use de pil ekei kalokolok pahn kosoned, iangahki prosecution. HAR 17-604.1; 17-1704-3, 17-1713.1-2; HRS §346-43.5, 710-1063

IA AI PWUNG?

- **MEHKOT ME RIR:** ‘Department sto pahn release information sang ni case ihte ma e mweiwmeida pahn program rules de Kosone. De ma oang protective service, de mie fraud de ma ke pein request ren release information. HAR 17-601; 17-1702-5 to 6; 17-1706-6

LIAKOTOROHR: Department pahn pwon duwepene, ihtar ma ke lih de ohi, amw soumpar, koh men ia, de wasa ke kohsang ie, pwon pahn ale soangen soangen sawas the iou, ihme me pahn kosoned. Ma ke kamehlele me department en de neirail tohn doadoahk ko discriminate ih iuk ah ke file amw complain rehn Civil Rights Compliance Officer de ke email ih DHSCivilRightsBox@dhs.hawaii.gov, call (808) 586-4955 or 711, fax lang (808) 586-4990 INting lang: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, HI 96809-0339. DHS Complaint forms (DHS 6000) kak alahdi<https://humanservices.hawaii.gov> nan the Civil Rights Corner pahn Forms. Ke kak pil file complaint rehn the U.S. Department of Health and Human Services, Office for Civil Rights, de online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, de ni mail de telephone: U.S. Department of Health and 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.