



APPLICATION INSTRUCTION SHEET - DISABILITY REDUCED FARE PROGRAM*

TAROPWEN PORAUSEN EI APNIKEISON - PROKRAMEN NIWIN MI KOTUUR NGENI MITER*

Pekin 1 (Ifa usun ewe Chon tungor epwe amasowa ei apnikeison)

* **Ei prokramen niwin mi kotuur esapw an chon Merika Miter Annuk (ADA) anapanap**

Kinikin 1: PORAUSEN EWE CHON AMASOU (Chon Tungor epwe chok nounou mi chon ika araw pen ne makei ika amasowa)

Nain 1a: Maakei omw Nasneim, Itomw me omw miten neim **Nain 1b:** Maakei omw Attress (Iten aan, Sopw, fonu me sipkot) **Nain 1c:** Maakei eriakot, nampan fon ika tengwa (Makei "NONE" ika ese wwor noum fon/tengwa) **Nain 1d:** Maakei Maram, Raan, Ier

Kinikin 2: IKA EWE CHON AMASOU E TONGENI FITI**

Nain 2a: Pokiten en mi tongeni fiti faan pochokunen ei kinikin, **kosapw amasowa Kininin 4 me non ei apnikeison nge kopwe watto taropwen aninisin mi afateti wongonuk ngeni ewe Offesin Transit Pass.**

Purakun Veterans Affairs (VA) Aninisin Miter: Watto VA orichinan taropwen ew chok terruum mi nomw wwon oukukun 40% ika watte seni

Aninisin Miter seni Soson Sekurity Insurans (SSDI): Watto ewe taropwe ke angei seni SSDI

Disability Parking Permit: WATTO noum we orichinan Permit Katto ID ke angei seni DCAB

Mituun, Pwok Poun/Pechen: Ese wwor taropwen. Kopwe etto wwon inisum pwe sipwe kuna.

Nain 2b: Noum Taropwen Pwarata ren porausen manawomw seni Health Care Professional (HCP) epwe wes, sain me teitini non Kinikin 4

- Fan asengesin ei prokramen kotuur niwin ren miter, ewe aramas miter esapw fiti an ADA we defin-isonun aramas mi wwor terin esapw pwan an ADA anapanap
- Ika mwo en miter nge esapw wewengeni pwe ewe chon tungor mi ochuiti epwe angei ewe niwin mi kotuur ngeni miter
- Kinikin 4b: E pwarata met nefien an tokter a ura me wwor terin me met mi tongeni pwaak ngeni an ewpe fiti public transit
- Ewe HOLO Katto mi kotuur niwinin a tongeni an emon epwe nounou ika meinisin taropwen aninisin Terin we mi pwarat pwe in miter.

** Aramas 65 ierir ika watte seni. Repwe apnai ngeni noun Chinaap we HOLO Katto mi kotuur niwinin

** Ekkewe Chinaap ierir 65 ika kukkun seni mi wwor nour Medicare Katto. Kepwe apnai ngeni ewe Medicare HOLO Katto mi kotuur niwinin.

** Chon tungor ir mi angei aninisin SSI pwan nomw non tetenin low-income: Apnai ngeni noun Low-Income HOLO Katto mi kotuur Niwinin (kori 808-768-7065 ren porausan)

Kinikin 3: NOUN EWE CHON AMASOU TAROPWEN TUNGOR ME AN MWUTATA KATOWUUN PORAUSAN Aneani, Sainei me Teitini

ANAPANAPEN AMASOWA APNIKEISON

(Nounou chok pen mi chon ika araw omw kopwe amasowa ei Apnikeison)

EN PWISIN kopwe wanong apnikeison mi unusochuno amasowan pwan sain ren Offesin Transit Pass Enomw Kalihi Transit Ctr, nefinen Middle St. me Kamehameha Hwy – Nampan Fon/Tengwa 808-848-5555 (tiki nampa 5)

Awan Offes: Sarifaaan ngeni Enimu, 7:30 AM nesosor ngeni 4 PM Nekunion. Kopwung non an City raninin assoso (kopwe nomw non nain me mwen kunok 3:30 PM nekunion)

Sipwe chok etiwa taropwen tungor ika apnikeison ese taa ika fitikiko maakan, mi amasowochuno unusan, me sain ach sipwe angang wwon.

Ese mwumwuta sainan an epwe kapi, fax me sain seni kamputer

Apnikeison esapw wwor angang wwon ika ese unus masowan, ese pachenong aninisin taropwe mi afateti wongonuk ngeni ewe 30 raan HCP e maaketiw raajnin an epwe tori non Pwor 4d.

ID seni kofemen mi wwor sasing non ina met epwe pwarata enio, omw raanin uputiw pwan pwarata pwe en resitenin *Hawaii seni noum Driver's License, state ID, noun Indian we ID mi touwu seni Muunapen Kofomen. Pwungunon pwe en resitenin *Hawaii ren an wwor noum State ID me Driver's License.

Chon moni chok ika katton kreitet (credit card) ikkei chok met epwe tongeni kammo wwon.

Ekkewe chok a mwumwuta ngeni ei niwinin miter mi kotuur epwe wwor nour HOLO Katto mi wwor sasingir non. Tammen nounoun fan nurun Kinikin 2a epwe 4 ier seni ewe raan a towu iwe pwan tammen nounoun Kinikin 4 a nomw fan nurun an HPC we raan non Pwor 4d (Noun Miteringaweno epwe 4 irin pochokunan nge Ese Terifochono epwe chok firi met a afateti wongonuk ngeni ewe 30 raan HCP e maaketiw raajnin an epwe tori non Pwor 4d.)

Chon Amasou Taropwen Tungor ir mi tongeni apiinini towuun punguun ar tungor ika pwe rese tongeni nounou niwinin miter we mi kotuur.

(Details on side 2 / Porausn mi nomw non Pekin 2)



APPLICATION INSTRUCTION SHEET - DISABILITY REDUCED FARE PROGRAM*

TAROPWEN PORAUSEN EI APNIKEISON-
PROKRAMEN NIWIN MI KOTUUR NGENI MITER*

Side 2 (Health Care Professional Instructions & Appeal Process)

Pekin 2 (Porausen me Mwokutuun Apiin ren Health Care Professional)

****Ei prokramen niwin mi kotuur esapw Annukun an Chon Merika Miter Annuk (ADA) anapanap**

Section 4: Supporting Evidence of Disability by a Health Care Professional (HCP) (complete Application Form using black or blue ink only)

Pekin 4: Taropwen Anetata ika pwarata pwe miter emon seni ewe Health Care Professional (HCP)

(Awesano amasowen ewe apnikeison nge nounou chok pen mi chon ika araw)

- The Disability Reduced Fare Program is not an ADA requirement and does not follow the ADA definition of an individual with a disability.
- Having a disability alone & completing Section 4 does not assure that the Applicant (Patient) will be eligible for the disability reduced fare program.
- HCP shall be licensed in State of Hawaii and certify disabilities only that the HCP is qualified & licensed to diagnose.
- Acceptable License Types APRN, LCSW, MD, PSY, PT, OT.

Line 4a: Read and Print your Patient's first and last name.

Line 4b: Diagnosis and Description of How the Disability Impacts Applicant's Ability to Use the Public Transit System (do not write code only).

- Specify & describe the diagnosis based on medical evidence to clearly demonstrate how the disability impacts the Patient's functional ability to use public transit without significant difficulty/reliance on the accessibility features in the city's transit system.
- Listing only symptoms (ie: weakness, leg pain) or general category of condition (ie: heart condition, mobility condition) are not acceptable.
- Non-qualifying conditions may include but are not limited to: Financial need (low income reduce fare program available-see Section 2** above); temporary durations less than three (3) months; limited-English; conditions with subjective criteria or symptoms that are difficult to measure.

Line 4c: Indicate if the disability is Permanent or Temporary. For Temporary disabilities, indicate the expected duration in months not to exceed 24 months and not less than 3 months.

Box 4d: Print HCP Name, Address, Phone No., License Type & Number, License Expiration Date.

Use Agency stamp to identify Agency or Print Agency Name if no Agency stamp.

HCP signature to certify Applicant is their patient & information provided is true & correct.

Digital signatures and faxed copies are not accepted.

Date of signature.

Transit Pass Office may conduct follow-up verification of signature.

AN EWE CHON AMASOU TUNGOR MWOKUTUN APIIN

Chon amasou taropwen tungor ir mi tongeni apiinini met pwungun ar tungoron ewe niwinin Miter mi kotuur me ren Departmenin Transporteison Serfises (DTS) esapw maang seni 30 raanin pwinin maramen towuun pwungunon iwe repwe kokori 808-768-8370 ika imenini thebusstop@honolulu.gov ar repwe sinei porausen ifa usun repwe apiinini.

Ewe raanin towuun pwuungun tungor mi nomw non ewe Pwor "Nenien an Nouwiis Angang" wwon pekin 1 wwon ewe apnikeison ese mwo wwor angangan iwe ew kapiin mi niwin sefaan ngeni ewe Chon Amasou Tungor.



**APPLICATION FORM - DISABILITY REDUCED FARE PROGRAM*
TAROPWEN AMASOWEN TUNGOR - PROKRAMEN NIIWIN MI KOTUUR NGENI MITER***

Epek 1: (Chon Tungor epwe chok nounou mi chon ika araw pen ne amasowa ei apnikeison)

*Ei Prokramen Niwin mi Kotuur esapw an ewe Chon Merika Miter Annuk (ADA) Anapanap

Offesin Niwinin Transit anomw Kalihi Transit Senter (nefinen Middle St. me Kamehameha Hwy)
An TheBus Kastomer Serfis (808-848-5555 tiki nampa 5)

Kinikin 1: PORAUSEN EWE CHON AMASOU (Aneani ewe chon tarpwen Informeison – Pekin 1)

Iten ewe Chon Amasou:

1a. Applicant's Name: _____
LAST/NASNEIM FIRST/ITAN MIDDLE INITIAL/ AN INISANUN NUKANAPEN ITAN

Atressin Nenian:

1b. Address: _____
CITY/SITI IKA SOPWUN STATE/FONU ENOMW WWON ZIP CODE/SIIPKOTUN

Nampan Fon ika Tengwa:

1c. Phone Number: () _____ **1d. Birth Date:** _____
MONTH, DAY, YEAR/ MARAM, RAAN, IER

Kinikin 2: IKA EWE CHON AMASOU E TONGENI FITI - Cheki Chok ew (1) pwor non 2a ika 2 b

Chon Amasow a ier 65 ika watte seni, amasowa noun chiinap we tarpwen niwinin kotuur itan HOLO Katto
Chon Amasou e nounou Katton Medicare mi kukkun ierin seni 65, tungor ewe Niwin Kukkun noun Medicare
HOLO Katto

Chon Amasou mi nounou aninisin SSI ika mi nomw non tetenin low-inkam, amasowa tarpwen Niwin a iteni
HOLO Katto (kori 808-768-7065 ren porausan)

Chon Amasou mi kukkun ierin seni 65 – Cheki ew (1) chok pwor non 2a ika 2b (katon porausen mwumwutan)

- 2a.** Angei aninis seni ewe putain Veteran Affairs Soson Sekuriti Dispariti Insurans (SSDI)
 Wwor noun Katton Hawaii Disability Parking Permit mi towu seni DCAB
 Mituun (pecheen,poun, unusn powuun)
- 2b.** Wanong Kinikin 4 mi amasou me sain seni emon Health Care Professional (HCP)
- Mwumwutan nounoun niwinin miter ese fiti met ADA a awewei pwe emon aramas miter.
 - Setifikeison seni HCP ese ora ika ewe chon amasou tarpwen tungor epwe tongeni angei ewe niwin mi kotuur

KINIKIN 3: NOUN EWE CHON AMASOU TAROPWEN TUNGOR ME

AN MWUTATA KATOWUUN PORAUSEN MANAWAN

Uwa Afata: 1) HPC setifikeisonun ew terin inisi non Kinikin 4 ese wewe ngeni pwe uafen nomw non ei prokramen niwin mi kotuur. 2) Poraus mwaken mi tongeni angei sefaani nei we Katton HOLO mi kotuur niwinin, 3) nei we tarpwen tungor epwe koturuno ika ese amasow ochuno ika katonong 30 raanin pwinin maram HCP mi afatatiw non 4d.

Ngang uwa mwutata towuun porausen manawei mi nomw non Kinikin 4.

An Chon Amasou tungor siknicher Teitan

An SamIn/Kartian siknicher ika ewe Chon Tungor e kukkun seni 18 ierin Ifa Nefiner/Pochokunen wiisan ika esapw iewe chon amazowa tarpwen tungor

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BLOCK	
<u>NENIEN AN NOUWIIS MAAK. KOSAPW MAAK IKKEI</u>	
<input type="checkbox"/> Applicant Eligibility Approved.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident Amount paid: \$ _____
<input type="checkbox"/> Application Not Processed: Reason: _____	
Notes: _____	
Processing clerk: _____	Date: _____



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TAROPWEN AMASOWEN TUNGOR - PROKRAMEN NIIWIN MI KOTUUR NGENI MITER*

Side 2 (to be completed by the Health Care Professional using black or blue ink only)
Pekin 2 (Ewe Health Care Professional epwe amasowa nge epwe chok nounou pen mi chon ika araw)

*** Ei prokramen niwin mi kotuur esapw an ewe chon Merika Miter Annuk (ADA) anapanap**

SECTION 4: SUPPORTING EVIDENCE OF DISABILITY BY A HEALTH CARE PROFESSIONAL (HCP)
(See Instruction Sheet Side 2)

- For the purpose of this disability reduced fare program, a person with a disability does not follow the ADA definition for a person with a disability and is not an ADA requirement.
- HCP shall be licensed in the State of Hawaii.
- HCP shall certify disabilities only that the HCP is qualified & licensed to diagnose.
- HCP shall certify disabilities based on medical evidence.
- HCP certification of a disability does not assure that the Applicant will qualify for the disability reduced fare program.

4a. I certify that the Applicant (Name) _____

- is my patient,
- is diagnosed with a disability which makes it significantly difficult to perform functions necessary to effectively use the city's transit system,
- is reliant on the accessibility features in the city's transit system - disability impacts functional ability to use public transit service without such accommodations.

4b. Diagnosis & Description of How the Disability Impacts Applicant's Ability to Use the Public Transit System (do not write code only - see Instruction Sheet Side 2).

4c. Permanent or Temporary: **Expected duration of disability:** _____ mos. (not less than 3 mos. & no more than 24 mos.)

4d. HCP Certification. As an HCP duly licensed in the State of Hawaii, I certify: 1) the Applicant is my Patient, 2) I completed this application with true & correct information. 3) I understand that providing false information are grounds for Licensing sanctions under HRS Chapter 436B.

Name: _____ **Phone No:** () _____

License No & Type: _____ **Expiration Date:** _____
(Acceptable Types: APRN, LCSW, MD, PSY, PT, OT)

Agency (Stamp): _____

Address: _____

City State Zip Code

Signature: _____ ***Date:** _____

*Applications are void if submitted after 30 days of this date.

Only unaltered original, completed, and signed applications are accepted for processing.
No copies, faxes, or digital signatures.