



**INSTRUCTION SHEET – Person with a Disability HOLO Card Application**  
**PANID ITI INSTRUKSION – APLIKASION para iti HOLO CARD para iti TAO NGA ADDAAN DISABILITY**

Tapno agbalin a kualipikado para iti Disability HOLO Card para iti naipalaka a plete, ti Tao nga addaan ti Disability ket maysa nga individual a gapu iti kaadda ti rangkap ti bagina/kasasaadna, saanna nga epektibo a maaramat ti transit system ti ciudad no awan dagiti espesial a pasilidad, plano, wenno disenio, a ti resultana ket saan a maaramid dagiti espesipiko nga aramid a kasapulan para iti epektibo a panangaramat iti transit system ti ciudad nga awan ti dakkal a pakaparigatan.

Ti HOLO Card para iti Tao nga Addaan Disability ket ited iti Transit Pass Office kalpasan a madetermina babaen kadagiti suporta a dokumentasion/ebidensia a nalawag a mangpaneknek a ti Aplikante, para iti panggep ti Aplikasion, kualipikado a kas Tao nga addaan Disability.

**DAGITI INSTRUKSION PARA ITI APLIKANTE**  
**(Isurat a nalawaq iti Ingles ken agaramat laeng iti nangisit wenno asul a tinta laeng)**

**Seksion 1: Impormasion ti Aplikante**

- Line 1a: Isurat ti kompleto a nagan (Apiliedo, Nagan, ken Nagtengnga nga Inisial)
- Line 1b: Isurat ti kompleto nga adres (Kalsada, Ciudad, Estado, Zip Code)
- Line 1c: Isurat ti area code ken numero ti telepono. Isurat ti “AWAN”, no awan ti numero ti telepono.
- Line 1d: Isurat ti petsa ti pannakayanak (Bulan, Aldaw, Tawen).

**Seksion 2: Pannakakualipikado ti Aplikante\*\***

- Line 2a: Benepisio dagiti adda Disability ti manipud iti Department of Veterans Affairs (VA): Isumite dagiti orihinal a surat para iti maysa laeng a disability a napatgan ti 40% wenno dakdakkal pay.  
Dagiti Benepisio iti Social Security Administration Disability: Isumite iti orihinal a surat para iti resibo iti benepisio ti Social Security Disability Insurance (SSDI).  
Disability Parking Permit: Isumite ti orihinal a balido a Permit ID card nga inted ti DCAB.  
Tao nga naputedan iti (gurong/saka, takkiag/ima): Awan ti dokumentasion, personal a maeksamen para iti makita mismo a kompirmasion.
- Line 2b: Ti Health Care Professional ti aplikante ti mangted iti agdama a suporta nga ebidensia iti kasasaad nga addaan ti disability babaen ti panangkompleto ken pannakapirma ti “Seksion 4: Suporta nga Ebidensia ti Disability.”

\*\*Dagiti individual nga agtawen iti 65 wenno nangatngato: Agaplay iti naipalaka a plete iti Senior HOLO Card.

\*\*Dagiti Medicare Cardholders nga agtawen iti 65 wenno agpangato: Agaplay para iti naipalaka a plete a Medicare HOLO Card.

**Seksion 3: Ti palawag ti aplikante ken autorisasion tapno Maruk-atan ti Medikal nga impormasion**

Basaen, Pirmaan, ken Isurat ti Petsa

**HEALTH CARE PROFESSIONAL INSTRUCTIONS (use black or blue ink only)**  
**INSTRUKSION TI HEALTH CARE PROFESSIONAL**

**Section 4: Supporting Evidence of Disability by a Health Care Professional**

Section 4 shall be completed & signed by a Health Care Professional licensed in the State of Hawaii as defined in HRS §451D-2. Certification of disability shall only be in the field(s) covered by the relevant Medical License. Health Care Professionals defined in HRS §451D-2 and recognized by the Department of Transportation Services includes physicians (HRS §453), naturopathic physicians (HRS §455), advanced practice registered nurses (HRS §457), podiatrists (HRS §463E), and psychologists (HRS §465).



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**ADDAAN DISABILITY**

**HEALTH CARE PROFESSIONAL INSTRUCTIONS continued from page 1**

Line 4a: Print applicant's name. Lines 4a1 or 4a2: Select the Applicant's qualification category.

Line 4b: Diagnosis and description of disability/condition to certify Line 4a1 or Line 4a2 (do not write code only).

Specify the disability based on medical evidence to clearly demonstrate the Applicant's inability to effectively use the city's transit system without significant difficulty or special facilities, planning, or design.

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; temporary durations less than one month; limited-english proficiency, pregnancy; obesity; contagious diseases; substance/alcohol abuse/addiction; mental health conditions with subjective criteria or symptoms that are difficult to measure, in remission, or with indeterminate diagnosis; attention deficit disorder/attention deficit hyperactivity disorder.

Line 4c: Describe the special facility, planning, or design that the Applicant needs to effectively use the city's transit system due to the disability/condition specified in 4b.

Line 4d: Indicate if the Applicant's disability is Permanent or Temporary. For Temporary disabilities, indicate the expected duration in months not to exceed 24 months and not less than 1 month.

Box 4e: Print Name, Address, Phone No., License No., License Type, License Expiration Date.

Use Agency stamp to identify Agency or Print Agency Name if Agency does not have a stamp.

Signature of Health Care Professional to certify the Applicant's qualifying disability on this

Application and date of signature. Digital signatures and faxed copies are not accepted. Transit

Pass Office may conduct follow-up verification of signature.

**PROSESO TI APLIKASION**

Agaramat laeng iti nangisit wenno asul a tinta a mangkompleto ti aplikasion.

Ti aplikante ket masapul a PERSONAL a mangisumite iti kompleto/pirmado nga aplikasion iti Transit Pass Office.

Lokasion: Kalihi Transit Center, kanto ti Middle St. ken Kamehameha Hwy.

Oras ti Opisina: Lunes agingga iti Biernes, 7:30 iti bigat agingga iti 4 iti malem, nakarikep iti City Holidays..

Numero ti Telepono 808-848-555 (italmeg ti numero 4).

**Dagiti laeng awan ti nabaliwana nga orihinal, kompleto, ken pirmado nga aplikasion ti maawat a maproseso. Awan ti nakopia, faxes, wenno digital a pirma.**

Saan a maproseso dagiti aplikasion no saan a kompleto, adda agkurang a kasapulan a dokumentasion, ID, bayad, wenno naisumite kalpasan ti 30 nga aldaw iti petsa ti Health Care Professional iti Box 4e.

Ti opisial, balido nga ID nga adda ladawanna ket kasapulan kas pammaneknek iti kinaasino, pannakayanak, ken \*Status ti panagresidente iti Hawaii. Dagiti maawat a pormas ti ID ti pakairamanan ti lisensia ti drayber, ID iti estado, pasaporte, permanent resident/resident alien ID, dagiti naakseptar ti federal nga Indian tribal ID. \*Ti panagresidentia iti Hawaii ti mabalin a pakasapulan pay iti dadduma a mangsuporta a dokumentasion.

Maawat laeng a pagbayad ti cash wenno credit card.

Ti Person with Disability HOLO Card nga addaan iti ladawan ti Aplikante ket maitedto no madetermina ti Transit Pass Office a dagiti pangsuporta a dokumentasion ket agkaanay a mangited iti kualipikasion iti Aplikante a kas Tao nga Addaan Disability para iti panggep daytoy nga aplikasion.

Ti Petsa ti Panagpaso ket maibasar iti petsa ti Health Care Professional iti Box 4e.

Permanente a disability: Uppat (4) a tawen

Temporario a disability: Ti manamnama a kabayagna ti adda iti Line 4d.



**APPLICATION for a PERSON WITH A DISABILITY HOLO CARD**  
**APLIKASION para iti HOLO CARD para iti TAO NGA ADDAAN DISABILITY**

Ilokano

Transit Pass Office – Telepono: 808-848-5555 italmeg ti numero 4  
 Masarakan iti Kalihi Transit Center – Kanto ti Middle St. & Kamehameha Hwy.

**SEKSION 1: IMPORMASION MAIPAPAN ITI APLIKANTE**

(Isurat a nalawag iti Ingles ken agaramat laeng iti nangisit wenno asul a tinta)

**1a. Applicant's Name**

Nagan ti Aplikante: \_\_\_\_\_  
 LAST (APILIEDO) FIRST (NAGAN) MIDDLE INITIAL (NAGTENNGA NGA INISIAL)

**1b. Address Adres:** \_\_\_\_\_

CITY (SIUDAD) STATE (ESTADO) ZIP CODE

**1c. Phone Number**

Numero ti Telepono: ( ) \_\_\_\_\_

**1d. Birth Date**

Petsa ti Pannakayanak: \_\_\_\_\_  
 MONTH, DAY, YEAR (BULAN, ALDAW, TAWEN)

**SEKSION 2: PANNAKAKUALIPIKADO TI APLIKANTE -Tsekan laeng ti maysa (1) Box**

Ti aplikante ket agtawen iti 65 wenno nangatngato pay, agaplay para iti Senior HOLO Card.  
 Ti aplikante ket maysa a Medicare Cardholder ken awan pay 65 ti edadna, agaplay para iti Medicare HOLO Card.

Ti aplikante ket awan pay 65 nga edadna ken:

(tsekan laeng ti maysa (1) box iti Seksion 2a wenno 2b ken basaen ti panid 1 a yan ti instruksion para kadagiti kasapulan a rekititos)

**2a.**  agaw-awat iti benepisio manipud iti Department of Veteran Affairs (VA) wenno Social Security Disability Insurance (SSDI).

addaan iti balido nga State of Hawaii Disability Parking Permit Card a naggapu iti DCAB.

ket naputedan iti (gurong/saka, takkiag/ima).

**2b.**  mangisumite iti suporta nga ebidensia manipud iti Health Care Professional iti babaen ti Seksion 4.

**SEKSION 3. PALAWAG TI APLIKANTE & AUTORISASION TAPNO MARUK-ATAN TI MEDIKAL NGA IMPORMASION**

Gapu iti disability-k/kasasaadko, saanko nga epektibo a maaramat ti city transit no awan dagiti espesial a pasilidad, plano, wenno disenio, diak a maaramid dagiti espesipiko nga aramid a kasapulan para iti epektibo a pannakaaramat ti city transit nga awan ti dakkal a pakaparigatan. Aminek a: 1) ti panangitedko iti palso nga impormasion mabalina a pakaigappuan ti pannaka-imbalido ti HOLO card-ko, 2) ti aplikasionko ket mabalina a saan a maaprobaran no saan a kompleto wenno naisumite kalpasan ti 30 nga aldaw maibasar iti petsa ti Health Care Professional iti Seksion 4e, 3) ti HOLO card a maited no madetermina ti Transit Pass Office a ti suporta nga ebidensia nalawag nga ipakitana no kualipikadoak para iti naipalaka a plete para iti tao nga addaan disability.

**Ipalubosko a mairuar ti medikal nga impormasionko iti Seksion 4 iti daytoy nga Aplikasion.**

Applicant's Signature (Pirma ti Aplikante)

Date (Petsa)

Parent/Guardian's Signature if Applicant is under 18  
 (Pirma ti Nagannak/Wenno Agay-aywan no awan pay 18 ti edad ti aplikante.)

Relationship/Authority, if other than the Applicant  
 (Relasion/Pammalubos, no saan a ti Aplikante.)

Date  
 (Petsa)

**FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BLOCK**  
**PARA LAENG ITI OPISIAL A PANNAKAARAMAT – SAANYO A SURATAN DAYTOY A PASET**

Health Care Professional License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Health Care Professional Signature Verification:  Sample on File  Follow-up with Agency  Other \_\_\_\_\_

Application Processed:  Permanent  Temporary: \_\_\_\_\_ months  Resident  Non-Resident

HOLO Card: Expiration Date: \_\_\_\_\_ HCP Section 4 Date: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  Card Fee,  Stored Value,  Monthly Pass,  Annual Pass

Application Not Processed: Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PROGRAM COORDINATOR)

**To Be Completed by the Health Care Professional (use black or blue ink only)**

**Kompletuen ti Health Care Professional**

**(Section 4 instructions on pages 1-2 of Application Instruction Sheet)**

**SECTION 4: SUPPORTING EVIDENCE OF DISABILITY BY A HEALTH CARE PROFESSIONAL**

*The Department of Transportation Services recognizes Health Care Professionals defined under HRS §451D-2 who are licensed to practice in the State of Hawaii and includes physicians (HRS §453), naturopathic physicians (HRS §455), advanced practice registered nurses (HRS §457), podiatrists (HRS §463E), and psychologists (HRS §465). Supporting evidence of disability shall be only in the fields covered by the Health Care Professional's State of Hawaii License.*

**4a. I certify that (Applicant's Name) \_\_\_\_\_ has a disability/condition under one of the following categories and requires special facilities, planning, or design to effectively use the city's transit system without significant difficulty.**

- 4a1.** The Applicant by reason of illness, injury, congenital malfunction, or other permanent or temporary incapacity or physical or mental disability, is unable, without special facilities or special planning or design, to utilize the city transit system.
- 4a2.** The Applicant has an incapacity or disability that results in the inability to perform one or more of the following functions necessary for the effective use of the city's transit system without significant difficulty:
  - Negotiating a flight of stairs, escalator or ramp;
  - Boarding or alighting from a city transit vehicle;
  - Reading informational signs (vision acuity related), or
  - Walking more than 200 feet.

**4b. Diagnosis & Description of Disability** (to certify checked box above – do not write code only)

\_\_\_\_\_

**4c. Specify the special facility, planning, or design the Applicant needs to use city transit.**

\_\_\_\_\_

**4d.  Permanent or  Temporary: Expected duration of disability: \_\_\_\_\_ months. (maximum 24 months)**

**4e. Health Care Professional Certification.** As a Health Care Professional duly licensed in the State of Hawaii, I understand that falsely certifying the Applicant's disability/condition for the purposes of this application form are grounds for Licensing sanctions under HRS Chapter 436B.

**Name:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_

**License No:** \_\_\_\_\_ **License Type:** \_\_\_\_\_ **License Expiration Date:** \_\_\_\_\_

**Agency (Stamp):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip Code

**Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*Applications will be rejected 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.**