



INSTRUCTION SHEET – Person with a Disability HOLO Card Application
TAROPWEN AWEWEN – APNIKEISONUN NOUN ARAMAS MITEER HOLO CARD

Ren nounoun ewe Disability HOLO Card mi kotuur niwinin, emon Aramas miteer a wewe ngeni emon aramas, pokiten a wwor teerin/feiangawan, ese tongeni fiti sein city transit ika ese kawor nenian, amonen, ika fwofworuun aninisin, iwe epwe eseniapato an esapw tongeni pwomeni ekkoch mwokuut mi auchea ngeni an epwe tongeni fiti sein city transit nge esapw osukosuk ren.

Emon Aramas mi nounou Disability HOLO Card epwe angeni seni ewe Offesin Transit Pass ika ra finata pwe taropwen aninisin tungor/pwarata mi afaata pwe ewe Chon Amasou, faniten ei Apnikeison, a pwarano pwe a emon aramas miteer.

PORAUSEN AWEWE NGENI CHON AMASOU
(Amasowa ochuono non Fosun Merika nge kopwe chok nounou pen mi chon ika araw)

Kinikin 1: Porausen ewe Chon Amasou

- Nain 1a: Maakei unusen itomw (nasneim, itomw, nepoputan mesen maaken nukanapan itomw
- Nain 1b: Maakei unusen addressin neniomw (Street (aan), City (Sopw), State (Fonu), Zip Code (sipkot)
- Nain 1c: Maakei omw eria kot me namapn tefefon. Maakei “NONE”, ika ese wwor telefon nampa.
- Nain 1d: Maakei raanin omw uputiw (Maram, Raan, Ier)

Kinikin 2: An Chon Amasou Epwe Tongeni Nounou**

- Nain 2a: Aninis seni Departmenin Veteran Affairs (VA): Samitini ewe orichinan taropwen ew teerin a ukkukun 40% ika watte seni
 - Aninis seni Social Security Administreisoin: Samitini ewe orichinan taropwen resiten aninis seni Social Security Disability Insurans
 - Disability Parking Permit: Samitini orichinan taropwen Permit ID Card mi towu seni DCAB
 - Mi Tuun Peche: Ese wwor taropwen, ewe aramas epwe nomw wwon inisin pwe repwe pwisin kuna
- Nain 2b: Noun Chon Amasou chon tumunu non pioing ika ren semwen epwe awora taropwen pwarata pwe miteer an epwe amasowa pwan sainei “kinikin 4: Taropwen Pwarata pwe Miteer”.

*Emon aramas a 65 ierir ika watte seni: Amasou taropwen tungor kotturun niwinin noun Chiinap HOLO Card
 **Ekkewe miwor nour Katton Medicare ir mi kukun seni 65 ierir: Amasou taropwen tungoren kotturun niwinin Medicare HOLO Card

Kinikin 3: An Chon Amasou Poraus me Mwumwuta an Epwe Katowu Porausen Semwenin

Aneani, Sainei me maakei pwinin maram

HEALTH CARE PROFESSIONAL INSTRUCTIONS (use black or blue ink only)
PORAUSEN AWEWE NGENI CHON TUMUMU SEMWEN (HEALTH 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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TAROPWEN AWEWEN – APNIKEISONUN NOUN ARAMAS MITEER HOLO CARD

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.

OMWOKUTUN IKA OTTOTEN AMASOW

Nounou chok pen mi chon ika araw omw kopwe amasowen taropwen tungor.

Chon Amasou epwe pwsin samitini WWON INISIN ewe apnikeison ika a wes amasowan pwan sain ngeni ewe Offesin Transit Pass.

Nenian: Kalihi Transit Center, nefinen Middle St. me Kamehameha Hwy.
Awaan Suukun Offes: Sarifaan ngeni Enimu, 7:30 AM Nesosor ngeni 4 PM Nekunion.
Kopuung fansoun an City Holidays
Nampan Tenefon: 808-848-5555 (tiki 4)

Ekkewe chok orichinan taropwen amasou ika apnikeison mi unusochuno amasowan pwan sain repwe ketiw pwan wwor angangan. Esapw wwor kapiin, taropwe epwe titino seni fax, ika sain ren met a iteni digital signatures.

Apnikeison ika taropwen amasowen tungor esapw wwor angang wwon ika ese unusochuno amasowan, ese wwor taropwen mi afateti epwe kawor, ID, mwon, ika e titino mwirin 30 raanin ewe pwinin maram a maak non noun Health Care Professional we anomw non Pwor 4e.

Echo offisan, taropwen pwarata mi wwor sassing won (ID) epwe kawor pwe epwe afatata ionenewe, ranin uputiwan, me an *nonomun non Hawaii. Ekkewe sokkun ID mi ketiw a usun driver's license, state ID, Passport, permanent resident/resident alien ID, federally recognized Indian tribal ID. *chon winiposen Hawaii mi pwan wwor ekkoch taropwe epwe esiner ren.

Moni chok ika credit cards epwe ketiw ren kamo.

Emon mi nounou Disability HOLO Card mi nomw sasingin wwon epwe angei ei katto seni ewe Offesin Transit Pass fansoun ra finata pwe ekkewe taropwen tungor mi pwarata pwe ewe chon amasou miteer ren wewen amasowa ei Apnikeison.

Raanin wesinon pochokunan achok anongonong wwon ewe pwinin maram ewe Health Professional a afatatiw non ewe Pwor 4e

Miteerifoch: Ruwanuu (4) ier

Miteer ese Terifoch: Epwe afatetiw wwon Nain 4d.



APPLICATION for a PERSON WITH A DISABILITY HOLO CARD
APNIKEISONUN TUNGOR noun ARAMAS MITEER HOLO CARD

Chuukese

Offesin Transit Pass – Tenefon: 808-849-5555 tiki 4
 A nomw Kalihi Transit Center – Nefinen Middle St. me Kamehameha Hwy

KIKIKIN 1: PORAUSEN EWE CHON AMASOU (Maakeiochu non Fosun Merika iwe kopwe chok nounou pen mi chon ika araaw)

1a. Applicant's Name

Iten Chon Amasou: _____
LAST (NASNEIM) FIRST (ITAN) MIDDLE INITIAL (NEPOPUTAN MESEN MAAKEN NUKANAPEN ITAN)

1b. Address Nenian: _____

CITY (Sopw) STATE (Fonu) ZIP CODE (Sipkot)

1c. Phone Number

Nampan Tenefon: () _____

1d. Birth Date

Raanin Uputiw: _____
MONTH, DAY, YEAR (MARAM, RAAN, IER)

KIKIKIN 2: AN CHON AMASOU EPWE TONGENI NOUNOUN REN– Cheki chok ew (1) pwor

Chon Amasou a ier 65 ika watte seni, amasou tungorun noun Chinaap HOLO Card
 Chon Amasou mi nounou Katton Medicare pwan kukkun seni 65 ierin, amasou tungorun noun Medicare HOLO Card.

Chon Amasou mi kukkun ierin seni 65 me: (cheki chok ew (1) pwor non Kikikin 2a ika 2b pwan aneani taropwen amasou peich 1 ren anongonongun)

- 2a.** angei aninis seni Departmenin Veteran Affairs (VA) ika Social Security Disability Insurans (SSDI)
 Mi wwor noun Katton Hawaii State Disability Parking Permit mi angei seni DCAB
 emon mi pokuno (pechen, poun)

- 2b.** awora taropwen pwarata seni emon Health Care Professionals enomw faan Kikikin 4

KIKIKIN 3: NOUN CHON AMASOU POROUS ME AN MWUTATA AN EPWE KATOWU PORAUSEN AN SAFFEI IKA SEMWENIN

Faniten teeriin/semwen: Ese mecheres ngeniei ai upwe tongeni fiti ewe city transit nge ese kawaor nenian, amonen, ika fworuun aninisin, iwe usapw tongeni upwe pwomweni ekkoch sokkun mwokut ai upwe tongeni fiti city transit nge esapw wwor osukosukei ren. Uwa pwarata: 1) awora kapas mwaken mi tongeni esenipato ai usapw nounou HOLO card, 2) nei apnikeison esapw ketiw ika ese wes me amasou ika epwan katonong mwirin 30 raan seni ewe pwinin maram ewe Health Care Professional a afateti non Kinikin 4e, 3) HOLO card epwe kawor nupwen ewe Offesin Transit Pass a menei pwe taropwen amasou mi pwarata pwe ngang mi tongeni angei niwin aramas miteer mi kotur.

UWA MWUTATA AN EPWE KATOWU PORAUSEI SENI PIOING ANOMW NON KINIKIN 4 ME NON EI APNIKEISON

 Applicant's Signature (An Chon Amasou Siknicher)

 Date (Pwinin Maram)

 Parent/Guardian's Signature if Applicant is under 18
(An SamIn/Chon Tumunu Siknicher ika ewe Chon Amasou e kukkun ierin seni 18.)

 Relationship/Authority, if other than the Applicant
(Nefin/Pochokunan, ika emon nukun ewe Chon Amasou.)

 Date
(Pwinin Maram)

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BLOCK
NENIEN AN NOUWIIS ANGANG - KOSAPW MAAK IKKEI

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)
TAROPWEN AWEWEN – APNIKEISONUN NOUN ARAMAS MITEER HOLO CARD
(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.