



Emergency Notification System (ENS) Application Form

Full Name: _____
Last Name First Name Initial

Current residence: Kauai Oahu Maui / Molokai Big Island

Areas of interest

(receive alerts): Kauai Oahu Maui / Molokai Big Island
(Check all apply)

Home Zip Code: _____ **Email (computer):** _____

Email (mobile): _____

Mobile number: _____ **Carrier:** _____
(SMS/Text number) (i.e. Sprint, CDMA, T-mobile, etc.)

Mobile phone model: _____
(i.e. Blackberry 8530)

To be eligible for ENS through Relay Hawaii Equipment Program (RHEP), you **must** provide a copy of the appropriate documentation for your disability. If you are deaf / hard-of-hearing, you must submit a doctor's certificate or an audiologist's report. **Or**, if you have a communication disorder, you must submit certification by a physician or speech-language pathologist.

- 1. I have submitted documentation to the Relay Program Manager. Yes No
*****If yes, please stop here.**
- 2. Have you enclosed a doctor's certificate or audiologist's report? Yes No
- 3. Have you enclosed a Physician's or Speech-Language Pathologists' Certification? Yes No
- 4. I understand that I must be a Hawaii resident. Yes No
- 5. I understand that I will not be eligible for the ENS program when I am no longer a Hawaii resident. Yes No

Applicant's signature Date

Parent or Guardian's signature (If under 18 years of age)**

Relay Hawaii Equipment Program (RHEP)

****If applicant is under 18 years of age, signature from a parent or guardian is required.**

