

REPUBLIC OF THE MARSHALL ISLANDS

STANDARD OPERATION PROCEDURE

DISABILITY IDENTIFICATION CARD

This is a SOP for the purpose of processing the Disability Identification Card for Persons with Disabilities cited in the Republic of the Marshall Islands refer to Senior Citizens Act 2018.

REASONING:

- a) Establish an (SOP) – Registering, distributing, tracking benefits of the National Identification Card for Persons with Disabilities.
- b) Centralize Disability Data System for Monitoring, Evaluation and Reporting
- c) To empower persons with disabilities have the right to special allowances, benefits, and services in addition to other forms of social protection schemes available to the general population.
- d) Policy (Refer to Senior Citizens Act 2018)

LEGISLATIVE GROUND WORK:

The Senior Citizens Act 2018 is an act to grant benefits and privileges to Senior Citizens and related purposes.

- **Within this Act on the Section 102. Interpretation (1) In this Chapter, unless the context requires** (b) “Disabilities includes a long-term physical, mental intellectual or sensory impairment which, in interaction with various attitudinal and environmental barriers, may hinder full and effective participation of a person in society on an equal basis.
- **Within this Act on the Section 106. Benefits and Privileges of Senior Citizens-Government** (1) The Government shall provide, at the minimum, twenty-five percent (25%) discount per month to any senior citizen for the following:
 - On medication and other essential supplies, accessories and equipment purchased from the Ministry of Health and Human Services.
 - On medical and dental services provided by the Ministry of Health and Human Services
 - On the total cost of a ticket from Air Marshall Islands, provided the tickets is in the name of the senior citizen to be personally used by him/her.
 - Subject to subsection 2 of this Section, on actual transportation fare for domestic sea and shipping vessels.

- **Within this Act on the Section 110. Relationship to other Acts.** In addition to the general obligations of the Government identified 20 under the Rights of Persons with Disabilities Act, 2015, the Government shall also provide to any disabled persons those services under Section 106(1) of this Act.

HARD EVIDENCE:

There are no support services or programs on standard of living and social protection to persons with disabilities in the Republic of the Marshall Islands.

Requirements of Disability Identification Card:

- All persons with disabilities as part of human diversity and humanity are qualified for Person with Disability Identification Card.
- RMI Citizens with disabilities are required Medical Claim Form for Disability, birth certificate and social security number
- Non-Citizen with disabilities are for Medical Claim Form for Disability, Passport and social security number
- Person with Disability Identification Card will not be issued to both Medical Claim Form and Application will completed and verified the submission of information.

PROCEDURE

- a) Intake Medical Claim Form (Annex A) available at nurse or health provider counter at the Ministry of Health and Human Services from the following location in health clinics on Majuro, Ebeye and Neighboring Islands.
- b) Interview person with disability unless he/she is unable than caregiver must response to questions on the Medical Claim Form (Annex A) by health provider who has local licensed and verified to prescribe medication).
- c) Fill in Medical Claim (Annex A) completely and sign by health provider
- d) Submit Medical Claim Form (Annex A) to Disability Coordination Office at the Ministry of Culture and Internal Affair to register into the disability registry database.
- e) Review the Medical Claim Form (Annex A) for Disability to ensure it has been completed and verified by health provider.
- f) Give an application (Annex B) to person with disability or parent/guardian or caregiver to fill in completely and then sign it.
- g) Attach Medical Claim Form (Annex A) with an ID Application (Annex B) completed and signed by a person with disability or an adult sponsor.
- h) Give an advice on how to use it, don't give to anyone to use it, unless he/she is unable than caregiver must response on behalf of the person with disability.
- i) Provide an advice and education on how to use the person with DISABILITY IDENTIFICATION CARD as other name called 25% DISCOUNT CARD on DISABILITY
- j) Submit completion of application attached with Medical Claim Form (Annex A) to Marshall Islands Police Department to process person with DISABILITY

IDENTIFICATION CARD as other name called 25% DISCOUNT CARD on DISABILITY

- k) Take or receive photo of a person with disability to process the person with DISABILITY IDENTIFICATION CARD as other name called 25% DISCOUNT CARD on DISABILITY
- l) Require 3 years for a person with disability to use DISABILITY IDENTIFICATION CARD as other name called 25% DISCOUNT CARD on DISABILITY

ROLES AND RESPONSIBILITIES

Ministry of Health and Human Services (MOHHS)

- a) Medical Claim Form (Annex A) for Disability must be placed in every health provider's desk and medical encounter form.
- b) A health provider uses Medical Claim Form (Annex A) for Disability from any health clinics must exam and interview a person with disability.
- c) Ensure a person with disability has registered under any appropriate health clinic under the Ministry of Health and Human Services.
- d) A health provider must fill in Medical Claim Form (Annex A) completely and signed then submit the form to Disability Coordination Office at the Ministry of Culture and Internal Affairs.
- e) Require for a person with disability use the Disability Identification Card to purchasing either medical supplies with 25% discount per monthly.

Ministry of Culture and Internal Affairs (MOCIA)

- a) Ensure to review a Medical Claim Form (Annex A) for Disability on the completion and verification before process and application.
- b) Must be received requirement documents.
- c) After exam the completed and verified Medical Claim Form (Annex A) for Disability, the application (Annex B) must be processed and submitted to Marshall Islands Police Department.
- d) Confidentiality of sensitive medical information and personal information must be locked or used password in the filing system.
- e) Partnering with Marshall Islands Police Department as consultation member to sustain processing of the Disability Identification Card.
- f) Ensure any violation fines on misused or fraud for Disability Identification Card go to the Disability Assistance Fund (Right of Persons with Disabilities Act 2015)
- g) Collect quarterly updates on permit applications (Annex B), renewals (Annex D), satisfied complaints (Annex C), violations (Annex E), etc.
- h) Distribute a progress report every 6 months on registered numbers, numbers of person with disability has birth certificate and social security, etc.... to Stakeholders/public (See Annex B) for list of info to be included in reports.
- i) Accept process and address grievances filed.

Marshall Islands Police Department (MIPD)

- a) Road Traffic Department must receive completed Disability Identification Card Applications (Annex B) with an attachment of a verified Medical Claim Form (Annex A) for Disability from the Ministry of Culture and Internal Affairs service directly.
- b) Provide no fee for Disability Identification Card that aligned with processing privilege of the Senior Citizen Identification Card.
- c) Upon receiving a completed and certified Disability Identification Card Application (Annex B), Traffic Department must ensure that the application (Annex B) is processed through with taking photo, signing of applicant and educating on the ID care tips.
- d) Confidentiality of sensitive medical information must be kept (Police privacy standards)
- e) Disability Discount Card may be issued once received completed and endorsed applicants and direct pick up from Marshall Islands Police Department
- f) Respond to calls about violation on the misuse or fraud on Disability Discount Card.

Air Marshall Islands (AMI)

This is a requirement for all AMI services on Majuro, Kwajalein and Neiboring Islands to be permitted and acceptable Disability Identification Card on purchasing either one way or round trip ticket with 25% discount.

- a) Once receiving the Disability Discount Card must purchase with 25% discount
- b) Issuance ticket
- c) Special equipment advise
- d) One item is eligible for 50lbs access on freight

Marshall Islands Shipping Cooperation (MISC)

This is a requirement for all MISC services on Majuro, Kwajalein and Outer Islands to be permitted and acceptable Disability Identification Card on purchasing either one way or round trip ticket with 25% discount.

- e) All MISC services on Majuro, Kwajalein and Outer Islands are required to implement Disability Identification Card
- f) Once receiving the Disability Identification Card must purchase with 25% discount
- g) Issuance ticket
- h) Freight
- i) Special equipment advise
- j) Record and report numbers

Terms and Conditions

- a) A person with disability is the only person legally permitted to beneficiaries are persons with disabilities.
- b) An Owner of the PWD Benefit Card is acquired to be present to access benefits at the appropriate Institutions state in the Senior Citizen Act 2018 Section 110.

- c) An Owner of the PWD Benefit Card may use it either as a national identification card (ID) for other institutions purposes.
- d) It is not permissible for family members and friends to “borrow” a PWD Benefit Card to access personal benefits.
- e) Owners must renew DWP Benefit Card every 3 years.
- f) A person with disability who has lost his/her valid PWD Benefit Card will be fined \$2.00 for renewal.

Violations and Penalties

PWD Benefit Card owners found in violation of the terms and conditions listed above will be issued a warning at first violation. A \$50 fine at the second violation. A further violation will result in the revocation of the DPP without chance of renewal for 1 calendar year.

Any staff at the AMI, MISC and MOHHS who refuses to honour a PWD Identification Card will be considered violation of the act and fined under the Senior Citizen Act 2018.

All fines/charges collected regarding PWD Identification Card will be deposited to the Disability Assistance Fund.

Grievances System

Grievances regarding the Disability Identification Card Program may file complaints with the Disability coordination office at MOCIA. (See Annex C).

Attachment of Annex:

ANNEX A: MEDICAL CLAIM FORM FOR DISABILITY

ANNEX B: APPLICATION FORM FOR DISABILITY IDENTIFICATION CARD

ANNEX C: COMPLIANT FORM

ANNEX D: DISABILITY IDENTIFICATION CARD

ANNEX E: VIOLATION TICKET

*Notification: This SOP can be revised on any appropriate statement at any time.

ANNEX A: MEDICAL CLAIM FORM FOR DISABILITY



MEDICAL CLAIM FORM FOR DISABILITY



Kajitok ikijen (Request for) ☐ Disability Identification Card ☐ Parking Placard

Melele ko an armij eo (Personal Information)

1. Etan (Name): _____ 2. Hospital #: _____
3. Gender: Emmaan (Male) ☐ Kōra (Female) ☐
4. Raan in lotak (Date of Birth): _____ Jete am Yio (Age): _____
5. Telephone (Contact #): _____ 6. Jikin Jokwe (Residence): _____

Disability Conditions

7. Laajrakin in wewein mojno ko an enbwin eo (Type of Disabilities):

<input type="checkbox"/> Mojno ilo makitkit im etetal (Mobility and Physical Impairments)
<input type="checkbox"/> Mojno ilo dilep eo (Spinal Cord Disability)
<input type="checkbox"/> Mojno nerve cell ko ilo komalij eo (Head Injuries - Brain Disability) Acquired Brain Injury (ABI)
<input type="checkbox"/> Mojno ilo Kolmenlokijen ilo an itak bōran (Head Injuries - Brain Disability) Traumatic Brain Injury (TBI)
<input type="checkbox"/> Mojno ilo an loe im erre (Vision Disability)
<input type="checkbox"/> Mojno ilo kolmenlokijen einwot emelele im rumij an melele (Cognitive /Learning Disabilities)
<input type="checkbox"/> Mojno ilo an roñjake (Hearing Disability)
<input type="checkbox"/> Nañinmij in Komalij (Psychological Disorder)
<input type="checkbox"/> Mojno ko ilowaan enbwinin (Invisible Disability)
<input type="checkbox"/> Mojno ko jet im rejelet ejmour eo an (Other health conditions)

Disability Status

- ☐ Mojno eo ilo enbwinin ej ñan indreo (Permanent)
☐ Mojno eo ilo enbwinin emaroñ emmonlok im jako (Temporary)

Melele (Note): _____

Emoj an weppen jen takto eo (Verified by Physician):

Eltan pein Takto eo (Print by Physician)

Sign eo an Takto eo (Signature by Physician)

Raan eo (Date)

Ij komalim ñan an ruwoj lok melele kein ao ikijen takto ñan kadedelok application in.
(I authorize the release of medical information to process this application.)

Eltan pein armij eo emojno (Print by PWD)

Sign eo an armij eo emojno (Signature by PWD)

Raan eo (Date)

Jouj im boklok pepa in ñan Disability Coordination Office eo ilo Ministry eo an Culture and Internal Affairs.
Please take this form to Disability Coordination Office at the Ministry of Culture and Internal Affairs

ANNEX B: APPLICATION FORM FOR DISABILITY IDENTIFICATION CARD



Republic of the Marshall Islands Ministry of Culture & Internal Affairs

P.O. Box 15 Majuro MH 96960
Telephone: (692) 625 8240/8718 FACSMILE: (692) 625-5353

APPLICATION FOR DISABILITY IDENTIFICATION CARD

1. JOUJ IM KANE (PLEASE NOTE): ☐ KWOJ KOKAAL (NEW) ☐ KWOJ BAR KOKAAL (RENEW)
2. ARMIJ EO AN APPLICATION IN AIKUJ BOKTOK (APPLICANT MUST PROVIDE IDENTIFICATION)
☐ PEPA IN LOTAK (BIRTH CERTIFICATE) ☐ SOCIAL SECURITY ☐ PASSPORT

MELELE KO AN ARMIJ EO (PERSONAL INFORMATION)

3. ETAM (FULL NAME): _____ 4. SOCIAL SECURITY: _____
5. KORA AK EMMAAN (GENDER): _____ 6. RAAN IN LOTAK (DATE OF BIRTH): _____
7. JIKIN LOTAK (PLACE OF BIRTH): _____ 8. AELON EO AM (Citizenship): _____
9. JOWI (CLAN): _____ 12. PHONE NO: _____ 13. E-MAIL: _____
10. KWOJ JOKWE IA (RESIDENT): _____
WETO (PARCEL) BUKAN/ ENE (DISTRICT/ISLAND) AELON EO (ATOLL)
11. ADDRESS EO AM (MAILING ADDRESS): _____
P.O. BOX ZIP CODE

ILO IEN IRIÑ (IN CASE OF EMERGENCY)

14. ETAM (FULL NAME): _____ 15. KARKAR ROT (RELATIONSHIP): _____
16. TELEPHONE # (CONTACT #): _____ 17. JIKIN JOKWE (RESIDENT): _____

ELAÑE EDRIK JEN 18 AN YIÖ AK EJAB MAROÑ LIKIT ELTAN PEIN, AIKUJ JUÖN EO EJ BOK EDDOIN. UJ KENONO IM KALIMUR KE AÖLEP MELELE KEIN REMOOL IM JIMWE. (IF UNDER 18 YEAR OLD OR CANNOT SIGN, THEN AN ADULT WHO IS RESPONSIBLY MUST SIGN. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT).

LIKIT ELTAN PEIN (SIGNATURE): _____ RAAN EO (DATE): _____
LIKIT ELTAN PEIN AJRI EO (CHILD'S SIGNATURE): _____ RAAN EO (DATE): _____
LIKIT ELTAN PEIN AJRI EO (CHILD'S SIGNATURE): _____ RAAN EO (DATE): _____

[Nean in kakememej: Kwonej kalle \$2.00 elañe ejeko Discount Card eo am im kwaj bar kajitok juon. Ñan melele ko relaplok jouj im kurtok opij eo an Disability Coordination Office ilo 625-8240. (Notice: You will pay \$2.00 if you lost your Discount Card and request for another one. For more information please contact Disability Coordination Office 625-8240)]

ANNEX C: COMPLIANT FORM



Republic of the Marshall Islands
MINISTRY OF CULTURE AND INTERNAL
AFFAIRS

Post Office Box 18 Majuro MH 69690
Phone: (692) 625-8240/8718 Ext: 278/241 E-mail: rmidisability@gmail.com

COMPLIANT FORM

COMPLAINANT INFORMATION	
Etam (Name):	Numba eo an (Telephone No):
Jokwe ia (Address):	
Numba eo am (Contact No):	Kurlok armij in (Contact Person):
P.O. Box No:	
Jerbak rot (Occupation):	Karkar eo an armij in (Relationship :)
Abōnōnō eo (Service of Concern):	

COMPLIANT INFORMATION	
Raan (Date):	MOCIA Rijekal (Officer):
Melele ko kin abōnōnō eo (Compliant Details):	
Makitkit eo jinoin ej kommon (First Response Corrective Action):	
Ta buñtun ne ko rej aikuj kommon ñan kobjrak jōrren in ñan an jab walok tok elik? (What steps to be considered avoiding the problem in the future):	

Etan Ri-abōnōnō eo (Name of complainant)

Signature

Raan (Date)

Kurtok ri-jerbal eo ilo (Contact Information):

ANNEX D: DISABILITY IDENTIFICATION CARD

	REPUBLIC OF THE MARSHALL ISLANDS				
	IDENTIFICATION CARD				
	PERSON WITH DISABILITY				
	ID NO: 04-231968		DOB: 09/08/87		
	POB: KILI IS.				
CITIZENSHIP:		Marshall Islands			
HT	WT	HAIR	EYES	SEX	
5'3"	140	Blk	Brn	F	
LAST NAME:		ISSUE DATE: 12/11/2019			
FIRST NAME: Jusanna		EXPIRE DATE: 12/11/2022			
ADDRESS: 3307 Delap Rd.		 HOLDER'S SIGNATURE			
CITY: Majuro, MHL 96960					

ANNEX E: VIOLATION TICKET



**MARSHALL ISLANDS
POLICE DEPARTMENT**
Republic of the Marshall Islands



RECORD & NOTICE OF CRIMINAL OFFENSE

NO: **3727**

NAME: Last, First, Middle		AGE	SEX	SS#:
ADDRESS:		PHONE:		
PLACE OF OFFENSE:		DATE & TIME OF OFFENSE:		

OFFENSE			
MIRC TITLE 26 CHAPTER 2	BAIL	MIRC TITLE 21 CHAPTER 2	BAIL
<input type="checkbox"/> Section 203 (1) Sale of tobacco to minors	\$50.00	<input type="checkbox"/> Section 202 No person under the age of 21 shall purchase, consume, drink or possess alcohol	\$50.00
Section 203 subsection 2		<input type="checkbox"/> Section 202 (2) No bar in the Republic shall open later than 12am on weekdays and 2am on weekend	\$50.00
<input type="checkbox"/> (a) Smoking of tobacco by minor	\$50.00	<input type="checkbox"/> Section 203 (2) any bar or package store that sells alcohol beverages to any person under the age of 21	\$50.00
<input type="checkbox"/> (b) Chewing of tobacco by minor	\$50.00	MIRC TITLE 26 CHAPTER 3	
<input type="checkbox"/> (c) Encouragement or coercion or influence of minor to smoke/chew	\$50.00	<input type="checkbox"/> Section 312 (1) Curfew hours for Juvenile	\$50.00
MIRC TITLE 7 CHAPTER 20		MIRC TITLE 35 CHAPTER 2	
<input type="checkbox"/> Section 2007 (d) littering (spitting)	\$50.00	Section 204 (1) A person who commits littering	
<input type="checkbox"/> Section 2003 (1) No person shall, import, distribution sell betelnut in the republic	\$50.00	<input type="checkbox"/> (a) In a public road or public place;	\$50.00
<input type="checkbox"/> Section 2004, use and possession of betelnut by a minor prohibited	\$50.00	<input type="checkbox"/> (b) On any private land near or adjacent to any public road or public place;	\$50.00
MIRC TITLE 7 CHAPTER 8		<input type="checkbox"/> (c) On or in a beach, the foreshore or the lagoon	\$50.00
Section 803 Prohibition of Smoking		<input type="checkbox"/> (d) In the sea	\$50.00
<input type="checkbox"/> "public premises"	\$50.00		
<input type="checkbox"/> "public vehicle"	\$50.00		
<input type="checkbox"/> "restaurants"	\$50.00		
MIRC TITLE 21 CHAPTER 1			
<input type="checkbox"/> Section 114, Open containers in a car	\$50.00		
<input type="checkbox"/> Section 115, littering	\$50.00		

OTHERS: _____

By this citation you are duly notified that you are being charged with the above mentioned offense(s). You are directed to appear on _____ 20 _____ at _____ am/pm to post bail. Should you desire to settle this matter expeditiously, you may, with no objection from the Government, assent to a bail forfeiture. Failure to obey it will render the defendant liable to be charged under an information or complaint upon which a warrant of arrest may be used.

POLICE OFFICERS OATH AND OFFICERS INVOLVED ISSUING THE CITATION

I/we, the Police Officer(s) whose name appears below, do depose and say that I/we, was/were the Officer(s) responsible for the issuance of the citation and that I/we issued the citation after observing the accused committing the offense(s) mentioned above:

Police Officer Police Officer Police Officer

Brief description of conduct _____

I, whose name appears above, acknowledge receipt of a copy of the citation and promise to appear at the appointed time to post bail. I also understand that I may wish to settle this matter expeditiously, or forfeiture of bail;

I WISH TO: ☐ Forfeit my bail ☐ Go to trial

ACCUSED'S SIGNATURE PARENT/GUARDIAN

Notary:
Subscribed and sworn before me this _____ day of _____ 20 _____
Notary Public: _____
My Commission expired on _____ day of _____ 20 _____