

Ho'ola Na Mana'o
Hope and Healing Project
A Supportive Resource for Child Victims

Ho'ola Na Mana'o – Hope and Healing Project is intended to support children and families with financial need who are affected by child physical abuse, sexual abuse or witnesses to crime by providing items and/or services that can help improve self-esteem or re-establish normalcy in their lives.

The following list are some examples of how Friends of the Children's Justice Center of Oahu (Friends) has supported child victims and their families in the past:

- Clothing, toiletries, bedding
- School supplies, school fees
- Extracurricular activities such as dance, art, music, sports
- Transportation to necessary services (school, counseling, etc.)

There is a \$500 limit per child, per year. Any requests above \$500 are evaluated on a case-by-case basis.

Requests should be made with at least two weeks notice. In emergency situations, requests will be considered and fulfilled as quickly as possible.

For questions, please contact 445-1873 or coordinator.fcjcoahu@gmail.com.

Friends of the Children's Justice Center of Oahu is the non-profit partner of the Children's Justice Center of Oahu.



The FRIENDS of the Children's Justice Center of Oahu

Ho'ōla Nā Mana'ō

HOPE AND HEALING PROJECT

PHONE: (808) 445-1873 FAX: (808) 595-6978

INSTRUCTIONS FOR COMPLETING HO'ŌLA NĀ MANA'Ō NEEDS REQUEST FORM

- Please fill out the form completely. Incomplete forms will not be considered.
- The referral form can be submitted by CPS, HPD, GALs, CASAs, therapists, SATC, Prosecutor/Victim Witness Advocates, and faxed to 595-6978.
- There is a \$500 limit on expenditures per year, per child. Any request over \$500 would be considered exceptional and would be subject to board approval.
- Priority is given to enrichment activities, and therapeutic or educational needs.
- Vacation travel requests will not be funded.
- Please note, checks must be paid directly.
- If this is an emergency, please call and alert us, as the review process is conducted twice a month.

NOTE: A log number will be assigned to each request (ex: HNM-13-001)



The FRIENDS of the Children's Justice Center of Oahu
Ho'ōla Nā Mana'o (HNM)
HOPE AND HEALING PROJECT
Guidelines for Professionals

Many children and families who are affected by child physical abuse, sexual abuse or witnessing of crime may experience different levels of trauma and hardship. The goal of Ho'ōla Nā Mana'o (HNM), "Hope and Healing Project", is to support these children and their families by providing them with items or services that can help restore or establish normalcy in their lives.

Request Categories

Friends of the Children's Justice Center (FCJC) of Oahu works with different agencies and professionals in the community to offer the following items and services:

Basic Needs: Clothing, footwear, towels, pillows, blankets, toiletries, backpacks, school supplies, etc.

Education: FCJC supports requests related to tutoring, GED preparation, partial school tuition, school supplies and uniforms.

Self-Esteem/Character Building: Activities of interest for child such as dance, art, music lessons, scouting, sports participation (including equipment), etc.

Transportation: Ground transportation for families to get necessary services (school, medical/counseling appointments, etc.)

Birthday Gifts: Requests can be made for birthday gifts. Normally, younger children can receive gifts up to \$35 and older children can receive gifts up to \$50.

Holiday Gifts: FCJC may do a Holiday Project to meet the need for children who may not receive presents during the holiday season.

Eligibility

Generally, to qualify for consideration, a child must be age 0-17, have allegations of sexual, physical, severe emotional abuse, neglect or witnessed a crime. FCJC relies on the professional submitting the request to determine if it is appropriate for the child or family's situation. The fulfillment of the request should directly correlate to the child's healing. Preference will be given to cases where the child was seen at the CJC.



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Who Should Complete the HNM Request Form?

When a child is seen at the CJC for allegations of sexual abuse, a crisis intervention therapist from Sex Abuse Treatment Center (SATC) or an investigator from Child Protective Services (CPS) is usually present, as well as law enforcement. The SATC worker, CPS investigator or law

enforcement can assess the needs of the child or family that can be met by FCJC Oahu. If there is an identified need, the SATC worker, CPS investigator or law enforcement can fill out an HNM form. If no professionals are available to assess the needs of the family or if additional assistance is needed, CJC Oahu staff can help with this process. For military cases, the family advocacy worker can complete the request form. For non-sexual abuse cases, including serious physical abuse and child witness to crime, law enforcement or CPS may complete the request form.

Submitting an HNM Request Form

If “Basic Needs” items are identified when the family is at the CJC, the HNM form should be completed and the request can be fulfilled immediately, based on availability. After a child is seen at the CJC, professionals, including those noted above as well as the Prosecutor's Office, Catholic Charities, Child and Family Service, etc., may also submit HNM forms via email (coordinator.fcjcoahu@gmail.com) or fax (595-6978).

Requests that are beyond “Basic Needs” are reviewed and processed by a volunteer committee. If there are emergency circumstances where the request needs to be processed immediately, a notation should be made on the HNM form and after it is submitted, the professional can also call 445-1873. Each request is considered on a case-by-case basis, as funding permits.

Measuring Outcomes for Approved Requests

FCJC is interested in collecting anecdotal information and measuring outcomes for each approved request. This valuable information will help to assess whether additional assistance is needed for the child and/or ways to expand the HNM Project. An Outcome Evaluation form will be distributed to the professional who made the request. FCJC asks that the Outcome Evaluation form be returned within one month of the approval of the request, unless otherwise noted. Failure to complete and return the form may impact future requests.

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Ho'ōla Nā Mana'ō

HOPE AND HEALING PROJECT

PHONE: (808) 445-1873 FAX: (808)595-6978

NEEDS REQUEST FORM

One Form Per Child Required – Must be completed by referring professional

Today's Date: _____ Date request needed by: _____

Child's Last Name First Name M.I. Name: _____, _____ M F DOB: _____ AGE: _____

Ethnicity: _____ Child's current area of residence: _____

Professional / Resource Parent Requesting funds (Last, First): _____ E-mail: _____

Agency Name: _____ Contact Phone Number: _____

Child's History:

- Sexual Abuse
- Physical Abuse
- Severe Emotional
- Severe Neglect
- Other: _____

Placement (Check and/or Circle All that Apply):

- Biological Parents
- Foster, therapeutic, kinship, guardianship, permanent custody, or adoptive families

Income (Required):

- Level I \$0 - \$15,000
- Level II \$15,001 - \$30,000
- Level III \$30,001 - \$50,000
- Level IV \$50,000+

What are you requesting and how will the fulfillment of this request directly benefit the child and their healing?

How much will it cost (including tax)? \$ _____ If a check is needed, exact name of vendor: _____

Have you applied elsewhere for the funds: Yes No If yes, where from?: _____

Was it funded? Yes No Has child been seen at the CJC? Yes No

Professionals: Please do not forward our contact information to your clients as we are unable to handle their calls.
****THANK YOU LETTERS, especially from children in their own handwriting, are appreciated!****

Friends of CJC use only:

Not funded Reason: _____

Funded \$ _____ Check #: _____ Date: _____

Assistance Category: _____ Check Payable to: _____

Prior funding this calendar year: Yes No If yes, funding amount: \$ _____

Notes: _____

Follow-Up with Referring Professional:

On a scale from 1 to 5, with 5 being most helpful, how helpful was the approved item(s)/service for the child and their healing? _____

Please elaborate and give an example of how the item(s)/service has directly benefitted the child.

Are additional resources needed? Yes No If yes, please complete new form.

List child's interest(s) so that Friends of CJC can explore other community resources: _____



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Consent Form

**Please complete this form to authorize Friends of CJC of Oahu to make a payment to an outside vendor.*

I, _____ (print name), parent/guardian of

_____ (print child's name), authorize the Friends of the
Children's Justice Center of Oahu (FCJCO), including its agents, representatives, and
designees, to release information to _____ (vendor name) for
the purpose of servicing the attached request under the HNM program. The information to be
released is limited to the child's name, requested service or items, and mission of FCJCO.

This consent shall be effective immediately and will terminate after the service
request is satisfied, if this consent is withdrawn, or sixty days after the date of this
consent, whichever is earliest. I provide this consent freely and knowingly.

DATED: Honolulu, Hawaii, _____

Signature

Our Mission: *Friends of the Children's Justice Center of Oahu is a 501(c)(3) founded in 2010 to support children on Oahu who are victims of severe physical or sexual abuse, or who witnessed a serious crime. We stand with Children's Justice Center of Oahu in helping these children heal.*