

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

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: _____