

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 sexual abuse, physical abuse or sex trafficking, 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.)

Priority is given to children interviewed at the Children's Justice Center (CJC) or tracked by the CJC database.

**Annual limit per child is based upon child's history, request type, verified need, and availability of funds.**

Friends reserves the right to require any documentation deemed necessary to process a request.

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 [info@fcjcoahu.org](mailto:info@fcjcoahu.org).

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'o

HOPE AND HEALING PROJECT

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

## INSTRUCTIONS FOR COMPLETING HO'ŌLA NĀ MANA'O 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.
- Priority is given to enrichment activities, and therapeutic or educational needs.
- FCJCO checks must be paid directly to vendors.
- Requests for reimbursement will not be considered without prior approval.
- 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-20-001)

*Friends of the Children's Justice Center of Oahu reserves the right to require any documentation deemed necessary to process a request.*

**Gift Card Policy:** Gift cards should only be used for its requested purpose. Receipts for all items purchased with the gift card must be returned to FCJCO within **one month of the issue date**. Please mail receipts to Friends of the Children's Justice Center of Oahu at 3019 Pali Hwy. Honolulu, HI 96817

*Collecting receipts is critical so that we can ensure that funds are being spent appropriately. If we have issues with collecting receipts, we may not be able to continue issuing gift cards. **Please emphasize the importance of submitting the receipts to the child and/or guardian.** Failure to keep the receipts could negatively impact future requests for the child and requests for other children.*



**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 of Oahu (FCJCO) 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:** FCJCO supports requests related to tutoring, GED preparation, partial school tuition, school supplies and uniforms, field trip fees, graduation fees, etc.

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

**Quality of Life Enhancements:** Items such as books, toys, or materials supportive of a child's hobbies or interests, health related expenses, prom/graduation attire, 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:** FCJCO may do a Holiday Project to meet the need for children who might not receive presents during the holiday season.

**NOT Funded**

Friends will not approve requests for modeling classes.

Friends will not approve requests for "spending money".

**Eligibility**

Generally, to qualify for consideration, a child must be age 0-17, have allegations of abuse or have been witness to a serious crime. FCJCO 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 in which the child was seen at the CJC.



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Ho'ōla Nā Mana'o (HNM)  
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**Who Should Complete the HNM Request Form?**

When a child is seen at the CJC for allegations of abuse or as a witness to crime, the members of the investigator team, including law enforcement, Child Protective Services (CPS), and a crisis therapist, are usually present.

The professionals can assess the needs of the child or family that may be considered by FCJCO. If there is an identified need, the crisis therapist, CPS investigator or law enforcement officer can fill out an HNM form.

For military cases, the family advocacy worker can complete the request form. For federal law enforcement cases, FBI and HSI, their respective victim specialist can complete the request form.

If no professionals are available to assess the needs of the family or if additional assistance is needed, CJC Oahu staff may help with this process.

**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 working with the child and their family may also submit HNM forms via email ([info@fcjcoahu.org](mailto:info@fcjcoahu.org)) or fax (595-6978).

Requests that are beyond "Basic Needs" are reviewed and processed by a volunteer committee comprised of FCJCO board members. If there are emergency circumstances for which the request needs to be processed immediately, a notation should be made on the HNM form. After it is submitted, the professional may also call 445-1873. Each request is considered on a case-by-case basis, as funding permits.

**Measuring Outcomes for Approved Requests**

FCJCO needs to collect anecdotal information and measure outcomes for each approved request. This valuable information will help 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. FCJCO requires 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.

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  
Requesting funds (Last, First): \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Child's History:**

- Sexual Abuse
- Physical Abuse
- Sex Trafficking
- Severe Emotional Abuse
- Witness to Crime
- Other: \_\_\_\_\_

**Placement (Please Check One and Describe):**

- Biological Parents (both)
  - Biological Mother (single parent)
  - Biological Father (single parent)
  - Foster Care
  - Therapeutic, kinship, guardianship, permanent custody,  
or adoptive families
  - Family Reunification
- Please Describe: \_\_\_\_\_

**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 If no, why was child not seen at CJC? \_\_\_\_\_

**\* 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: \_\_\_\_\_



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