FRIENDS OF THE **CHILDREN'S JUSTICE CENTER** OF O'AHU

Ho'ōla Nā Mana'o

HOPE AND HEALING PROGRAM REQUEST FORM

(808) 445-1873 (808)595-6978 info@fcjcoahu.org

FOR STAFF

HNM-____-____

☐ Interview ☐ DB Only

☐ Sibling ☐ Not in DB

Completed by: _____

Date Completed: _____

Funding Source: _____

PROFESSIONAL INFORMATION

Today's date: _____ Date needed by: _____

Requesting Professional (Last, First): _____ E-mail: _____

Agency Name: _____ Phone Number: _____

Referring Professionals: Please do not forward our contact information to your clients as we do not have the capacity to assist them.

CHILD INFORMATION

One form per child required

Child's Name: _____ (Last Name) _____ (First Name) ☐ M ☐ F DOB _____ Age ____

Ethnicity: _____ Child's current area of residence: (Oahu only) _____

Child's History	Placement (Please check one)	Income Level (Required)
✔ Sexual abuse	☐ Biological Parents (both)	☐ Level I $0 - $15,000
☐ Physical abuse	☐ Biological mother ☐ Biological father	☐ Level II $15,001 - $30,000
☐ Sex trafficking	☐ Family Reunification	☐ Level III $30,001 - $50,000
☐ Severe emotional abuse	☐ Foster Care	☐ Level VI $50,000+
☐ Witness to crime	☐ Therapeutic ☐ Kinship	
☐ Other _____	☐ Guardianship ☐ Adoptive family	
	☐ Other (Please describe below) _____	

What is the item(s) that you are requesting? Please be specific in clothes/shoe sizing, color, etc.

_____

_____

Please include any images or links of the item(s) through email or fax.

How will the fulfillment of this request directly benefit the child and their healing?

_____

_____

Estimated cost of request: _____ For check requests, select one: ☐ Direct payment to vendor ☐ Reimbursement

Delivery Information

Select how you would like the request to be delivered:

☐ Pick up at CJC

☐ Mail to professional/youth's location/vendor

_____ Recipient name

_____ Street address

_____ City, State, Zip code

Check Request Information

*Please provide mailing address (left) for check requests

For direct payment to vendor, please include:

- Consent form (signed and returned)
- An invoice showing amount requested

For reimbursement checks, please include:

- An invoice showing amount requested
- A receipt showing payment made after approval
  - Must be dated **after** HNM request approval

WE'D LOVE TO HEAR FEEDBACK FROM YOU AND YOUR KEIKI!

Professionals, please complete outcome evaluation form to let us know how this request has impacted your youth after fulfillment. We also appreciate any thank you notes/drawings from your youth if they are able to make one!

Revised 2025