



**Enhancement Fund Request Form
Victoria S. & Bradley L. Geist**

Child's Name: _____ Date of Birth: _____ Primary Ethnicity: _____

Amount requested (up to \$500): _____

What will the money be used for (select category from Info Sheet):

Justification (explain child's situation and how this request will enhance the child's life):

Foster Care Guardianship Permanent Custody Adoption Family Supervision

Other sources you have made request to: _____

Reason(s) for denial: _____

Person making request - Name & Organization: _____

Telephone: _____ E-mail: _____

**Please submit this request to Family Programs Hawaii via email
enhancements@familyprogramshawaii.org**

Check payable to: _____

Mail check to: _____

Special handling instructions: _____

Requestor's signature: _____ Date: _____

For FPH only:

Approved by: _____ Date: _____