

Special Needs Request Form

Friends of the Children's Justice Center of East Hawaii

Ph: 935-8755 Fax: 935-8757

fcjceh@hawaii.rr.com

Child's Last Name:

First:

Gender:

Birth Date:

Age:

Child's Zip Code:

(In Years)

Ethnicity:

Does this child have a documented disability:

Documentation: CWS#

or Police Rpt #

Documented Date of Abuse:

Requestor:

Ph#:

Email:

Date:

Agency:

Unit/Program:

1. Has child been abused, neglected or abandoned, OR resides in a household where abuse has occurred?

2. Is the child in the foster custody of a Hawaii state government agency?

3. Is child placed by a Hawaii state government agency in therapeutic foster placement, kinship, foster, respite, guardianship, permanent custody or adoptive family?

Child's Situation Narrative:

Please also include: What are type(s) of abuse? Is this child victim or sibling? Who does this child live with? Why fund this request now?

What items or services are being requested?

How will this request benefit the child?

Funding from other organizations (list those contacted):

CHECK PAYABLE TO (VENDOR):

Amount of Check: \$

Agency person to accompany child/family:

Checks are not to be given to caregiver or child to make payment.

Requester is responsible to return the receipt to the FCJCEH promptly, in envelope provided, in order for us to close this SNR request.

I certify this information provided to be accurate and complete:

Signature _____ Print Name: _____ Date: ____/____/____

Supervisor's Signature _____ Print Name: _____ Date: ____/____/____

FOR FCJCEH USE ONLY

Approved by: _____ Date: ____/____/____ Geist Qualified Y____N____ Payment Type: _____

Check Information

Check # _____ Check Code C _____ Check Date: ____/____/____ Check Amount \$: _____

Check Payable to _____ Processed by _____

Funding Information

Charge to: ☐ GEIST ☐ TH ☐ CG ☐ General Funds/FCJCEH ☐ HIUW ☐ Other _____

Funding Category # _____ Subcategory: _____

Not Approved by: _____ Date: ____/____/____ Reason: _____

Actual Amount: \$ _____ Date Closed: ____/____/____ **SNR#** _____

All Fields Must Be Filled Out.