



Friends of the Children of West Hawaii Enhancements & Basic Needs Request Form

CHILD'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHILD CURRENTLY RESIDES WITH (NAME & RELATIONSHIP):

PHONE NUMBER: _____

NAME OF LEGAL GUARDIAN: _____ PHONE NUMBER: _____

Qualifying circumstances (Check all that apply as various funding may be available for various circumstances)

- PHYSICAL ABUSE EMOTIONAL ABUSE SEXUAL ABUSE NEGLECT HOMELESS
 MIGRANT LOW INCOME DRUG ABUSE MENTAL HEALTH INCARCERATED PARENT
 OTHER AT-RISK QUALIFICATION: _____

COMPLETE IF APPLICABLE
 Current Foster Care Former Foster Care Other CWS
CWS CASE NUMBER: _____
CWS CASE WORKER: _____
CASE WORKER TELEPHONE: _____

DEMOGRAPHIC INFORMATION

The following demographic information is requested for the ongoing data tracking and demographic reporting of Friends of the Children of West Hawaii to various organizations and funding sources. This information is not necessarily required in order to be considered for assistance. Friends of the Children of West Hawaii records all demographics statistics separately from any personally identifying information related to this request.

PHYSICAL SEX: MALE FEMALE OTHER GENDER IDENTITY: _____

PRIMARY RACIAL/ETHNIC BACKGROUND: _____ AGE: _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____ RELIGION: _____

LIVING SITUATION: _____

REQUEST INFORMATION

INDIVIDUAL SUBMITTING REQUEST: _____

AFFILIATION/ORGANIZATION: _____ PHONE NUMBER: _____

ITEM OR SERVICE REQUESTED: _____

DOLLAR AMOUNT: _____ CHECK PAYABLE TO: _____

OTHER RESOURCES AVAILABLE TO CHILD: _____

I certify that the information included in this form is true and accurate to the best of my knowledge. I understand that any false or inaccurate information may result in loss of service for this or future requests.

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE ADDITIONAL DETAILS REGARDING THIS REQUEST ON REVERSE SIDE OF FORM

FRIENDS OF THE CHILDREN OF WEST HAWAII
ENHANCEMENTS & BASIC NEEDS REQUEST FORM
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IN THE SPACE BELOW PLEASE DESCRIBE THE CIRCUMSTANCES OF THE CHILD, AND HOW THIS REQUEST WILL POSITIVELY IMPACT THESE CIRCUMSTANCES:

May we contact you and/or the child in six (6) months for a follow up statement regarding the impact of this request? Yes No

SIX MONTH FOLLOW UP STATEMENT:

FRIENDS OF THE CHILDREN OF WEST HAWAII IS AN EQUAL OPPORTUNITY SERVICE PROVIDER. Services are approved or denied based on need, regardless of age, race, sex, orientation, gender identity, religion, marital status, or other demographic considerations.

Please note that FRIENDS OF THE CHILDREN OF WEST HAWAII makes every effort to approve as many requests as possible, however our funding sources have specific and distinct qualification requirements. As a result, all determinations are based on the qualifying circumstances of the individual child best meeting the service criteria of one of our funding sources as determined upon receipt of request.

FRIENDS OF THE CHILDREN OF WEST HAWAII OFFICE USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____ APPROVED DENIED

CHECK DATED: _____ CHECK NUMBER: _____ SIGNED BY: _____

CHECK CASHED DATE: _____ RECEIPT RECEIVED: YES DATE: _____

COMMENTS: _____

FUNDING SOURCE: _____ TRACKING ID: _____