

The FRIENDS of the Children's Justice Center of Maui

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NEEDS REQUEST FORM -- One Form Per Child Required

Child's Name (Last, First, M.I.):				<input type="checkbox"/> Gender	DOB/AGE:	/	DATE:	
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Primary Ethnicity:	-Please select-	Town Child Lives in Now:	-Please select-
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Professional requesting funds: (Last, First)	E-mail:
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Agency Name:	Phone # where we can reach you:
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Child's History	Placement:	Income:
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Biological Parent(s)	<input type="checkbox"/> Level I \$0 - \$15,000
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Foster, therapeutic, kinship, guardianship, permanent custody, or adoptive families	<input type="checkbox"/> Level II \$15,001 - \$30,000
<input type="checkbox"/> Severe Emotional		<input type="checkbox"/> Level III \$30,001 - \$50,000
<input type="checkbox"/> Severe Neglect		<input type="checkbox"/> Level IV \$50,000+

Please describe the abuse and explain how the fulfillment of this request will directly correlate to the child's healing (REQUIRED).

What are you requesting?

How much will it cost? (including tax) \$	If check needed, exact name of payee:
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Have you tried elsewhere for the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	What was the outcome?
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We can provide purchase orders for clothing for Ross and basic needs from Target. Can your request be accommodated by these stores? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which one?	-Please select-
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Please do not have your clients call us. We talk with you--you talk to your clients.

THANK YOU LETTERS, especially from children in their own handwriting, are appreciated!

Friends of CJC use only:

CASE #	PURCHASE ORDER #
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<input type="checkbox"/> Not funded	Reason
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<input type="checkbox"/> Funded	\$	Check #	Date:	Approved by:
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Assistance Category:	Grant:
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Check Payable to:	Prior funding this calendar year:
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Notes:

Last update: 03/12