Special Needs Request Form (SNR)

Kids Matter – Friends of the Children's Justice Center of West Hawaii
P.O. BOX 2111 • Kailua-Kona, HI • 96745-2111
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Child's Last Name:_____ **First:**_____ **M**___ **F**___ **Age:**_____

Birth Date ___/___/___ **Child's Zip Code**_____ **Current School** _____

CWS# _____ HPD # _____ **Documented Date of Abuse** _____

Agency _____ Unit/Program_____

Requestor_____ Ph. # _____ Fax # _____

Email: _____ Date_____ ☐ Seen at a CJC on _____ ☐ Not seen at CJC

(Current Family Situation)

✓Victim or Sibling ✓Abuse Type	✓ Ethnicity	✓ Placement	✓ Family Type
☐ Identified Victim	☐ Asian	☐ At Home ☐ with ☐w/out BioParents	☐ Single Females
☐ Sibling to Victim	☐ Black	☐ Foster Home	☐ Single Males
☐ 1 – Sexual	☐ Caucasian	☐ Emergency Shelter ☐ with ☐w/out BioParents	☐ Single Female w/kids
☐ 2 – Physical	☐ Hawaiian	☐ Relatives and/or Extended Family ☐ with ☐w/out BioParents	☐ Single Male w/kids
☐ 3 – Neglect	☐ Pacific Islander	☐ Group Home	☐ Couple
☐ Threat of Abuse ☐ Witness to Abuse	☐ Other_____	☐ Other _____ ☐ with ☐w/out BioParents	☐ Couple w/kids

Describe the child's situation and how this request will contribute to the child's healing: _____

Describe the item, service, or activity that is being requested: _____

What other resources were investigated and what was the outcome?_____

CHECK PAYABLE TO: (VENDOR) _____ **AMOUNT $**_____

Agency person to accompany child/family & their phone#_____

I certify this information provided to be accurate and complete. Is this the Child's FIRST request? ☐ YES ☐ NO

Signature_____ **Print Name**_____ **Date** _____

Supervisor's Signature _____ **Print Name** _____ **Date** _____

All requested use of funds to shop for items require an agency person to accompany the child/family while shopping and to be responsible for the appropriate utilization of requested funds. Return of all original receipts or processed checks must be returned to Kids Matter within 15 days from when funds were released from Kids Matter. Please allow 5 – 7 business days for processing and completion of this request. You will be notified by phone and/or email if additional information is needed or with status of your request.

********** **For KIDS MATTER Use Only** **********

☐ Approved by: _____ Date:_____

Charge to: ☐ GEIST ☐ TH ☐ CG ☐ General Funds ☐ In-Kind ☐Other _____ Funding Category #_____

Check #_____ Amount $_____ Check Payable to:_____

Gift Cards/Coupons: ☐Gas $_____ ☐McDonalds $_____ ☐Subway $_____ ☐Ross $_____ ☐Walmart $_____ ☐Target $_____ ☐Other $_____

☐ **Not approved:** Reason_____

By: _____ Date: _____

Actual Amount $	Date Closed	SNR #