

FAMILY PROGRAMS HAWAI'I HILO
REQUEST FOR
THE TERESA HUGHES ENHANCEMENT FUND

Please complete all sections of form and refer to Teresa Hughes Enhancements Guidelines.

Child's Name: _____

Date of Birth: _____ Primary Ethnicity: _____

Amount requested: _____ What will the money be used for: _____

Justification (explain child's situation and how this request will enhance the child's life.) *Use the back of this page if necessary.*

Foster Care Guardianship Permanent Custody Adoption Family Supervision

Other sources you have made request to: _____

Reason(s) for denial: _____

Professional making request: Name & Organization: _____

Telephone: _____ E-mail: _____

Please submit this request to *(original forms only - faxes cannot be processed):*
Family Programs Hawai'i, 120 Pauahi St., Suite 306, Hilo Hawai'i 96720

If approved, make check payable to: _____

Mail check to: _____

Name of person/Organization

Address

City, State, Zip code

(If there is no address provided above, check will be mailed to the person making request.)

Special handling instructions: _____

Requestor's signature: _____ Date: _____

For FPH only:

Approved by: _____ Date: _____

Action Taken: _____