

**FAMILY PROGRAMS HAWAII**  
request for  
**THE VICTORIA & BRADLEY GEIST ENHANCEMENT FUNDS**

Foster Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Ethnicity: \_\_\_\_\_

Amount requested: \_\_\_\_\_ What will the money be used for: \_\_\_\_\_

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

Other sources you have made request to: \_\_\_\_\_

Reason(s) for denial: \_\_\_\_\_

Name, telephone and unit of the Social Worker making the request: \_\_\_\_\_

**Please submit this request to: FPH Liaison/ Foster Home Licensing Unit II, 420  
Waiakamilo Road, Suite 300B, Honolulu, Hawaii 96817-4941, or fax to 832-5668.**

If approved, make check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

Name of person

Address

City

State

Zip

Special handling instructions: \_\_\_\_\_

(If there is no address provided above, check will be mailed to the child's SW.)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_