

FAMILY PROGRAMS HAWAI'I
request for
THE TERESA HUGHES ENHANCEMENT FUND

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.)

Foster Care Guardianship Permanent Custody Adoption Family Supervision

Other sources you have made request to: _____

Reason(s) for denial: _____

Name, telephone and office of the SW/CM making the request: _____

**Please submit this request to:
FPH, 250 Vineyard St., Honolulu, HI 96813, Fax 533-1018**

If approved, make check payable to: _____

Mail check to: _____
Name of person

_____ Address

_____ CSZ

Special handling instructions: _____

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

Approved by: _____ Date: _____

Action Taken: _____