



The Children's Alliance
OF HAWAII, INC.

ENHANCEMENTS PROGRAM REFERRAL FORM

Contact Person:
Shara Mae Bringas, Enhancements Coordinator
Kauai Direct Phone: 246-3736 Ext. 200
Kauai Direct Fax: 246-3734
Email: sbringas@cahawaii.org

Date: _____
Referring Person: _____
Phone: _____
Agency: _____
Agency Phone: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: Male Female Ethnicity: _____

Family or Contact Name: _____ Phone: _____

Address: _____

Placement:

- Home Extended Family Adoption Annual Household Income: _____ # in Family: _____
- DHS Foster Therapeutic Foster Extended Family/DHS Foster Board Payment
- Group Home Emergency Shelter Independent Living HYCF/Detention Home Hospital

- Abuse History: Confirmed Unconfirmed
(Check all that apply)
- Sexual Abuse: Victim Sibling/Witness
 - Physical Abuse
 - Neglect

Abuse/Social History (Attach Social Summary):

I hereby grant permission to the _____ (referring agency) to release information and service the request on the above named child to the Children's Alliance of Hawaii, (CAH). The CAH will use this confidential information for the purpose of financial tracking and to collect data for statistical purposes. I hereby certify that this information is accurate and no duplicate request has been made to any other agency or organization for these requests.

Signature of Parent or Legal Guardian

Date

Childs Name: _____ DOB: _____

Referring Person: _____ Phone: _____

Request for Funding

Please describe the service or item you are requesting

Total Amount Requesting: \$ _____

Make Check Payable To: _____ Phone: _____

Address: _____

Mail Check To: _____ Phone: _____

Address: _____

Note: In order to process this request, you must attach an invoice and/or documentation from the vendor.

Has anything changed in this child's life since their last request?

Have you exhausted other resources to fund this request? Is this request eligible for a DHS reimbursement, to The Children's Alliance of Hawaii?

Signature of Supervisor

Date

Our intention is to provide the quickest service possible. However, please allow 5-10 business days for The Children's Alliance of Hawaii to process and complete this referral.

CAH Use Only:

Geist Hughes

FABR \$ _____

FAA \$ _____

EID # _____