

Honolulu Community Action Program

Youth Services

33 S. King Street, Suite 206
 Honolulu, Hawaii 96817
 Phone: (808) 531-5452
 Fax: (808) 523-1745

REFERRAL FORM FOR ELIGIBLE YOUTH

1. Is not less than age 14 and not more than age 21											
2. Is an individual who falls into this lower living standard income level											
Family Size	1	2	3	4	5	6	7	8	Add for each additional family member		
Income	11,040	18,090	24,830	30,650	36,170	42,300	48,430	54,560	\$6,170		
3. Is an individual who is one or more of the following:											
<input type="checkbox"/> Deficient in basic literacy skills (an individual with English reading, writing, or computing skills at or below the 8 th grade level)											
<input type="checkbox"/> Discharged from all high / community school programs											
<input type="checkbox"/> Registered in high / community school programs											
<input type="checkbox"/> Homeless, runaway, or foster child											
<input type="checkbox"/> Pregnant or parenting											
<input type="checkbox"/> Offender											
<input type="checkbox"/> An individual with a disability and/or Individual Education Plan (IEP) for Special Education											
<input type="checkbox"/> An individual who requires additional assistance to complete an educational program or to secure and hold employment											

NAME	Last	First	Middle Initial	SOCIAL SECURITY NUMBER	
				-	-
STREET ADDRESS				CITY	ZIP CODE
MAILING ADDRESS				CITY	ZIP CODE
HOME PHONE	PAGER		CELLULAR		OTHER
GENDER (circle one)		BIRTHDATE		AGE	
Male Female					
HAWAIIAN ANCESTRY (circle one)		LAST SCHOOL ATTENDED		HIGH SCHOOL GRADUATE	
YES NO				YES NO	

The above client has received services from our office and we would like to refer him/her for further assistance:

Office: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: Hawaii Zip Code: _____
 Case Manager/Counselor (PRINT): _____ Title: _____
 Case Manager/Counselor Signature: _____ Date: _____

<p>FOR OFFICE USE (circle one): IN-SCHOOL OUT-OF-SCHOOL</p>
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