Back To School Supplies Request Form

If you work with an agency, please have the agency email this form to us. If not, you may email us but please explain why your family is in need. We cannot promise exactly what we can supply or if they will be ready before the school start date, but we will do the best we can. You will receive a call from our Distribution Center when the supplies are ready to be picked up.

Personal Information – Required – ***Please Type or Print***

Parent's Name:_____ Date:_____

Street Address_____City _____ HI ZIP_____

Home Phone_____ Cell_____Work_____ Fax_____

E-Mail Address_____ Ethnicity_____Total # in Family (required):_____

Is client Military? ☐ Yes ☐ No If yes: ☐ Dependent ☐ Retired ☐ Active Branch_____

Are you a single parent household? ☐ Yes ☐ No Living on disability? ☐ Yes ☐ No Receiving retirement income? ☐ Yes ☐ No

Why assistance is needed: _____

_____

Agency Requesting for Client – Required – ***Please Type or Print***

Agency Name:_____Caseworker:_____

Street Address_____City _____ HI ZIP_____

Home Phone_____ Cell_____Work_____ Fax_____

E-Mail Address_____

Student Information – ***Please Type or Print***

First and Last Name	Sex	Age	Grade	Start Date	LIST SUPPLIES **NOT** NEEDED / **IF** ALREADY PURCHASED

Received by		**Date**
Print Name	Signature	

Please fax or mail to: **The Lokahi Giving Project, c/o KHON2, 88 Pi`ikoi Street, Honolulu, HI 96814**
E-mail mjones@khon2.com • **Office** 808-591-4298 • **Fax** 808-591-4276