

Ho'omoana Foundation Application

At the Ho'omoana Foundation, our goal is to assist people to gain safe housing, remain mentally healthy, and attain employment in their community to move into self-sufficiency. When one is compromised, chances are the others will also deteriorate. We recognize a safe home, one's health, and employment are basic necessities and increase overall well-being.

Instructions

Included in the application packet are the following: Application Form & Reference Form.

When applying, please follow all the instructions. Please fill in a phone number and/or a contact person. Fill out all requested information. For example, if you are requesting a MECO deposit, a copy of the quote from MECO needs to be included with the application. If you need more space to explain any circumstances, please attach. Upon receipt of the application, you will be contacted.

Along with the application, please include any supporting references or documentation with your application that verifies/validates your request. This information is required for each request. We welcome and encourage you to list anyone who is knowledgeable about your circumstances and can assist you in this process. Follow these steps for successful submission of your application.

Application

Use the space available and attach information for supporting application. Please indicate who is submitting the application. If you wish to drop drop-off application and the office is not open, please slide through the mail slot. Be certain to sign the application before submission.

You may scan and email to: lisa@hoomoanafoundation.org

Mail to:

Ho'omoana Foundation
33 Lono Avenue, Suite 230
Kahului, HI 96732
Ph 808-877-7720
Fax 808-877-7721

Reminder

It is the applicant's responsibility to follow-up and ensure all required information is submitted.

Ho'omoana Foundation Application Form

Name _____

Date of Application _____

Application submitted by Self/Other _____

Email _____

Address _____

Phone _____

Reason for application _____

Mental Health

Request	Amount	Indicate why these circumstances exist & how our support will help
Psychiatric Services/Counseling		
Medication		
Other		

Housing

Request	Amount	Indicate why these circumstances exist & how our support will help
Housing Assistance		
Security Deposit		
MECO deposit/ Other		

Employment: Are you currently employed? (Please circle) Y N

Request	Amount	Indicate needs & how our support will help
Uniform/clothing		
Job coaching/transportation		
Other		

OTHER _____

Office use only: Interview Date _____

Ho'omoana Foundation Reference Form

Applicant Name _____

Reference #1

Name _____ Phone # _____

Relationship to Applicant _____

Reference #2

Name _____ Phone # _____

Relationship to Applicant _____

Reference #3

Name _____ Phone # _____

Relationship to Applicant _____

SIGNATURE OF APPLICANT _____ DATE _____

Signing this application authorizes Ho'omoana Foundation to contact the above references regarding the request(s).