



## Family Program

Please complete the form and return to:  
Hina Mauka  
C/O Family Program  
45 845 Pookela Street  
Kaneohe, Hawaii 96744  
Ph: (808) 236-2600

Participant Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Do you have someone you are related to receiving treatment services at Hina Mauka?  Yes  No

### **REQUEST FOR INFORMATION: (Please list any other participants accompanying your party)**

Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **I CONSENT TO CONTACT ME AND INDIVIDUALS LISTED ABOVE:**

I am requesting Hina Mauka to contact me and the individuals listed above to orientate us about the Family Program. I also understand that participants need to be approved by the Family Counselor before they can attend the Family Program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Family Counselor:**

Date called: \_\_\_\_\_ Date Orientated: \_\_\_\_\_

Outcome: \_\_\_\_\_

### **Recommendation:**

Participation Approved  Participation Not Approved

Family Counselor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Family Counselor Signature: \_\_\_\_\_

The form must be placed in the Family Program inbox behind the front desk. Family Program Counselor will orientate the participant and approve or disapprove participation in the family program. Approval or participation does not constitute visitation privileges. Visitation requests are done by the client's primary counselor.