

**NEIGHBORHOOD PLACE OF PUNA**

**Ho'ōla Pilina 'Ōhana Program**

15-1791 14th Avenue, Kea'au, HI, 96749

PH: (808) 965-5550, Email: [ohana@neighborhoodplace.org](mailto:ohana@neighborhoodplace.org)

Attn: Becca Hiraishi

Date of Referral: \_\_\_\_\_

\_\_\_\_\_ Self-Referral

\_\_\_\_\_ Agency Referral                      Referring Agency & Phone \_\_\_\_\_

Has client been notified of referral and wants HPO services? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent (Name): \_\_\_\_\_ DOB: \_\_\_\_\_ M \_\_\_ F \_\_\_

Co-Parent (Name) : \_\_\_\_\_ DOB: \_\_\_\_\_ M \_\_\_ F \_\_\_

Number of Children: \_\_\_\_\_

Physical Address: (Directions to the home):

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Purpose of referral: (please specify family's number one challenge: it could be related to behavioral, relational, emotional, and or mental health issues and or other)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Worker \_\_\_\_\_ Date \_\_\_\_\_