

**Child & Family Service  
Mana'olana Program**

Hope for survivors of human trafficking through comprehensive case management  
FAX REFERRAL to: **(808) 748-3135**

**Date of Referral:**

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**Referral Source:**

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Referral Source Contact Number:

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**Name of Survivor:**

**DOB:**

Address:

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Phone Number:

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Voice only:

Text only:

Voice & Text:

Email Address:

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Preferred method of contact:

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First Language:

Other spoken language(s):

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**Name of Parent/Guardian:**

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Parent/Guardian Address:

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Parent/Guardian Phone Number:

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**Name of current provider (if applicable):**

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Address:

Email:

Phone:

Fax:

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**Name of current provider (if applicable):**

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Address:

Email:

Phone:

Fax:

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**(Optional) What information are you willing to share about what happened?**

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