

**HUGS For Hawaii's Seriously Ill Children and Their Families**

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[www.hugshawaii.org](http://www.hugshawaii.org)



**AIRFARE REFERRAL FORM:**

(Assistance is based on availability of funds. Other resources should be explored before referring family)

Referring Agent (Social Worker): \_\_\_\_\_ Date: \_\_\_\_\_

Referring Medical Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for airfare: \_\_\_\_\_

List other resources explored and status: \_\_\_\_\_

Is the family encountering a financial hardship and in need of assistance? \_\_\_\_\_

**Flight Information Request:**

Passenger's Name on ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Passenger's Date of Birth: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Travel From: \_\_\_\_\_ Travel To: \_\_\_\_\_

Date of Travel: \_\_\_\_\_ Time of Travel: \_\_\_\_\_

One-way or Round-trip? \_\_\_\_\_

Additional Passenger's Name on ID (if applicable): \_\_\_\_\_

Passenger's Date of Birth: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Comments:

For Internal Use Only
Uploaded _____
Logged _____

Referring Agent's Signature \_\_\_\_\_