

**Hale Ipu Kukui Alaka'i
Additional Check Request**

Client Name: _____ Date: _____

Check Payable
To: _____

Amount: \$ _____ Need By: _____

Funds Outside Budget are
For: _____

Please Send Check
To: _____

Case Manager
Name/Signature: _____

**Case Manager Phone Number _____

(Please fax request to 599-2824. Additional check will be processed ASAP)

<i>For Office Use Only</i>	
<i>Date Processed:</i>	<i>Check Number:</i>
<input type="checkbox"/> Consumer Education	<input type="checkbox"/> Face to Face Meeting with Client
<input type="checkbox"/> Case Manager Collaboration	<input type="checkbox"/> Face to Face Meeting with CM
<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Collateral Contact