



Halo of Hope Refer a Child

This referral form is the first step toward receiving help from Halo of Hope. This is not confirmation of eligibility for granting. Your information will be forwarded to us, and a member of the Halo of Hope staff will contact you.

Relationship to the Child _____

Your Information

Title _____

Name _____

Email address _____ Phone number _____

Street Address _____

City _____ State _____ Zip Code _____

Message _____
