



Building Productive Lives

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Preliminary Application for Aloha Community, Platteville

1. Contact information for Parents/Guardians:

Names _____

Phone _____

Mailing Address _____

2. Applicant's name and age: _____

3. Applicant's interests and favorite activities: _____

4. Primary FASD Diagnosis: _____

5. Secondary medical or mental health diagnoses: _____

6. Ability to pay \$4,000 /month tuition and help with fundraising to lower monthly payments:

Once you have submitted this preliminary application, please contact FASD Communities at (808) 523-8191 or email us at fasdcommunities@gmail.com with any questions or concerns. One of our applications review committee members will contact you for further information on your loved one and determine if they are a good fit for our program. We look forward to talking to you more about our helping your young adults with FASD become successful in one of our communities.