



HUGS REQUEST FOR CONTINUATION OF FUNDS FORM

NAME: _____

SON/DAUGHTER'S NAME: _____

Where is your son/daughter presently living?

What have you been doing over the last month for your own recovery? (Please be specific)

When HUGS receives this request, the Advisory Board will review your request and decide if further funds will be sent to the sober living facility.

PLEASE EMAIL TO:

hugs@hugs4families.org

or

MAIL TO:

HUGS Foundation
12700 Lake Avenue #2106
Lakewood, OH 44107

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