



CLIENT REFERRAL FORM
January 2020

Agency Case #: _____
 Date of W/H Visit: _____
 Tag Color: _____
 Referral Fee: Cash / Chk / MO / Prepd / Due
 Delivery Type: Self / Curb / Full
 Delivery Pymt: Cash / Chk / MO
 Asst: _____ Tel: _____

CLIENT INFORMATION Verified by Shopping Asst?

Client Name: _____
 Client DOB: _____
 Resident Spouse/Partner Name: _____

Street Addr: _____
 Apt. #: _____ City: _____ Zip: _____
 Tel #: Alt. Tel: _____

(Office Use Only)
 Delivery Issues: _____

AGENCY / CASE MANAGER INFORMATION

Agency: _____
 C/M Name: _____
 C/M Off. #: _____
 C/M Cell #: _____

Furniture Items Clients may receive based on availability, verified need, household size	Number of Items	(Office Use) Description and # of items	(Office Use) Delivery Zone
Beds (VERY LIMITED; selected by staff and added to delivery)	Max. 2		
Headboard	Max. 2		
Kitchen Table	1		
Kitchen Chairs	1 pp, min 2 -max 8		
Sofa	1		
Armchair	Fam. of 4 = 1 5 or more = 2		
Occasional Tables (coffee table, end tables)	2		
Dresser	Fam. of 3 = 1 4 or more = 2		
Night Stand	Fam. of 3 = 1 4 or more = 2		
Additional Wood Piece (NOT a dresser)	1		
TV or microwave	1		
TV Cart (small stand w/TV only)	1		
Lamps	2		
Mirror	1		
Rug	1		
Artwork	3		
Bonus Items			

OVERSIZED FURNITURE: I have been advised by FS Staff about not selecting furniture that is OVERSIZED and I understand and agree that if an item I select does not fit into my home, it will be returned to FS and I must pay an additional delivery fee of \$75 for curbside or \$150 for in-home delivery if I desire a replacement item. _____ Date: _____

____ **CURBSIDE ONLY** (item description): _____

I understand that this item will only be delivered CURBSIDE and I am responsible for getting it inside my home.

Client: _____ Case Manager: _____ Date: _____

CLIENT DEMOGRAPHIC INFORMATION (used for statistical purposes only):

Income Limits: Agency certifies that Client's income does not exceed the following limits:
(Circle applicable amount) 50% AMI (less than \$36,000) / **60% AMI** (less than \$44,000)

Reason for needing Furniture Assistance (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Previously Homeless | <input type="checkbox"/> Formerly Incarcerated |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Flood/Fire Victim |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Bedbugs |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other |

Has client experienced any issues with BEDBUGS? YES / NO If Yes, please provide details:

Briefly describe why client needs furniture assistance:

Please describe all persons in household, including Client:

	Gender	Age	Family Relationship	Race (use key below)
Head of Household				
Other Adults				
Children (under 18)				

Key for Identifying Race (NOTE: If Hispanic, please also indicate "H"):

- | | |
|---|---|
| 1. White | 6. American Indian/Alaskan Native & White |
| 2. Black/African American | 7. Asian & White |
| 3. Asian | 8. Black/African American & White |
| 4. American Indian/Alaskan Native | 9. Amer. Indian/Alaska Native & Black/African Amer. |
| 5. Native Hawaiian/Other Pacific Islander | 10. Other Multi-Racial |

I understand that all items selected by me as indicated above are in as-is condition, and that Furniture Sharehouse is not responsible for the condition in which they are used or received. By my signature, I agree to indemnify and hold harmless Furniture Sharehouse, its directors, employees, agents and volunteers from any and all claims or damages incurred as a result of the condition, use and transportation of these items.

Signed: _____ Date: _____

Print Name: _____

CLIENT CHECKLIST (Client please read, check off and sign below)

I UNDERSTAND

Obtaining furniture from Furniture Sharehouse is a ONCE IN A LIFETIME opportunity. _____

Furniture from Furniture Sharehouse is used and has been donated – “as is”. _____

I am responsible for transporting my furniture ON THE SAME DAY I select it – furniture cannot be held for me. My transportation plan is: _____

I am bringing a truck, helpers and packing materials with me to my appointment and will take the furniture home with me _____

OR

I have brought cash to prepay for delivery at the rate of \$75.00 for curbside delivery (NOT AVAILABLE IN CERTAIN TOWNS – see list in Client Referral Guidelines) or \$150 for full-service delivery. _____

OR

My agency is paying for delivery by prior arrangement. _____

I may only select furniture items that are indicated as available by warehouse volunteers. _____

I must bring this completed form to my appointment. _____

I have received a map and/or directions from my case worker. _____

I am responsible for bringing a translator to my appointment if I need one. _____

Children are not allowed in the warehouse. _____

I may only bring friends or family members to the warehouse if I need them to help me with furniture transportation. _____

I have read and understand the above guidelines.

Client Signature: _____

Date: _____

Lista de Control Del Cliente (Cliente por favor lea, marque y firme abajo)

ENTIENDO

La obtención de los muebles de Furniture Sharehouse es “UNA VEZ EN LA VIDA” oportunidad. _____

Los muebles de Furniture Sharehouse son usados y se han sido donado “tal como es”. _____

Soy responsable de transportar mis muebles **SOBRE EL MISMO DÍA** que los selecciono – los muebles no se pueden sostener para mí. Mi plan de transporte es:

Estoy trayendo un camión, ayudantes y los materiales de embalaje conmigo a mi cita y llevare los muebles conmigo a mi domicilio. _____

He traído dinero en efectivo para pagar por adelantado la tarifa de \$75.00 para la entrega de los muebles hasta la acera (solamente disponible sur de I-287) o \$150 para la entrega de los muebles a mi domicilio. _____

Mi agencia, por un arreglo anterior, está pagando. _____

Puedo seleccionar solamente de los muebles que son indicados disponibles por los voluntarios del almacén. _____

Debo traer este formulario llenado a mi cita. _____

He recibido un mapa y/o direcciones de mi trabajador del caso. _____

Soy responsable de traer un traductor a mi cita si necesito uno. _____

No se admiten niños en el almacén. _____

Puedo traer solamente amigos o a miembros de la familia al almacén si los necesito que me ayuden con el transporte de los muebles. _____

Comprendo que el almacen **NO TIENE CALENTA** y debo llevar abrigo y guantes. _____

He leído y entiendo las directivas antedichas.

Firma del Cliente: _____

Fecha: _____