



**2020 MEMBER AGENCY APPLICATION**

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Primary Supervisor/Designated Contact Responsible for Case Managers/Client Referrals (MANDATORY):**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address (if different than above):** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Primary Contact for Billing/Administrative Matters:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address (if different than above):** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Authorized Case Managers/Staff:** IMPORTANT: Policies require prepaid referrals and \$25 charge in the case of late appointment cancellations and “no-shows”, so we can only accept appointment requests from Agency Staff who have been advised of this policy and are authorized by your agency to make appointments. Please list those authorized:

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Member Agency Agreement:** We have reviewed the Member Agency Guidelines and Client Referral Guidelines (dated Jan 2020) and wish to renew our Agency Membership for 2020. We agree to adhere to the Guidelines, and understand that Furniture Sharehouse’s ability to fulfill referral requests is subject to availability.  
  
Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form and check for \$150 plus applicable Pre-Paid Referral Fees to:  
Furniture Sharehouse, P. O. Box 702, Larchmont, NY 10538**