

Client Name: _____
 Client DOB: _____
 Resident Spouse/Partner Name: _____
 Street Addr: _____
 Apt. #: _____ City: _____ Zip: _____
 Tel #: _____ **Android or I-Phone? (circle)**

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

OFFICE USE ONLY

Date of Selection: _____
 Tag Color: _____
 Referral Fee: Cash / Chk / MO / Prepd / Due / COD
 Delivery Type: Self / Curb / Full
 Delivery Pymt: Cash / Chk / MO / COD
 Shopper: _____ Tel: _____

DELIVERY QUESTIONS: Apt. or Private House? (circle) Describe any Outside Steps/Access Issues? _____
 (What Floor is Apt. on? _____) (Elevator? Y / N) (Narrow Entrance? Y / N) (Narrow Stairs? Y / N) (Narrow Hallways? Y / N)

Furniture Items Available (note limits)	List Client's Requests	(Office Use Only) Shopper Notes	(Office Only) Selected	(Office Only) Location
Beds (max. 2) (indicate preferred choice and quantity)	QN ___ Full ___ Twin ___ Toddler ___ Bunks ___			
Kitchen Table (circle shape choice and write maximum size)	Round / Rectangle Max. Size:			
Kitchen Chairs	How many?			
Sofa (indicate maximum length and circle your preference for solid/print/favorite colors)	Max.Length: _____ Solid / Floral / Print Colors?			
Armchair (Family of 4 = 1, Family of 5 or more = 2)				
Coffee Table (limit 1)				
Lamp Table (limit 2)				
Dresser (Family of 3 =1, Family of 4 or more = 2)	How many? _____ Max. Length:			
Night Stand (Family of 3 =1, Family of 4 or more = 2)	How many? _____			
Additional Wood Piece (circle one ONLY or write in item needed) (Note: cannot be a DRESSER)	Desk/Bookcase/Cabinet Hall Table Other?			
TV or Microwave (very limited)				
TV Stand (indicate width)	Max. Length:			
Lamps (2)				
Mirror (1)				
Rug (1)				
Artwork (circle preferences)	Traditional / Modern Abstract / Children's			
Additional Needs (e.g.kitchen items, linens, etc.)				

CLIENT DEMOGRAPHIC INFORMATION (used for statistical purposes only):

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

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

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

Does Client or any family member have any handicapping conditions or physical attributes that would impact mobility or require special size furniture or considerations such as chair arms, seat height and size? If Yes, please explain:

Please complete this list of 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 and acknowledge the following: 1) Furniture Sharehouse will try to accommodate my individual requests/preferences listed above, but selection of furniture for me will be based on available inventory on any given day; 2) All items selected for me are provided in "as-is" condition; 3) No item can be exchanged or replaced; 4) All fees will be payable and are non-refundable. 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 relating to the selection and delivery of any and all items selected for me.

Signed: _____ Date: _____

Print Name: _____



Warehouse Visitor Questionnaire* & Release

IN THE PAST 14 DAYS:

- 1. Have you had a fever of 100.4F or higher?
YES NO

- 2. Have you experienced symptoms such as cough, difficulty breathing, fatigue, chills or body aches, headache, new loss of smell or taste, congestion or sore throat, nausea or vomiting?
YES NO

- 3. Have you or any member of your family tested positive for COVID-19?
YES NO

- 4. Are you or any member of your family awaiting test results for COVID-19?
YES NO

- 5. Have you or any member of your family knowingly had close contact with someone who has tested positive for COVID-19 or who has new symptoms of COVID-19?
YES NO

- 6. Have you traveled to or been in contact with someone who has traveled to a state with a high infection rate, or to a foreign country, or been on a cruise ship?
YES NO

Do you adhere to recommended CDC Social Distance Guidelines?
YES NO

I understand that I have the responsibility to notify Furniture Sharehouse if any of these answers change during the next 14 days by sending an e-mail to office@furnituresharehouse.org.

RELEASE AND HOLD HARMLESS

I agree and acknowledge that is my responsibility to evaluate the risks inherent in entering Furniture Sharehouse and that my decision to enter is my personal decision and not made by or influenced by anyone from Furniture Sharehouse.

I agree to assume all of the risks associated with possible exposure to disease or other health condition related to new Coronavirus, known as COVID-19, that may result from my decision to enter Furniture Sharehouse. I hereby release and hold harmless Furniture Sharehouse to the full extent permitted by law from any liability, cause of action, suit, loss, claims or medical or other expenses, costs or damages whatsoever that I or my estate, heirs, executors and assigns may assert resulting from or arising out of my decision to enter Furniture Sharehouse.

I acknowledge that I have had read this RELEASE AND HOLD HARMLESS and that I understand it fully.

Name _____ Date _____

Cell Number _____ E-mail _____