



2021 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 2021) and wish to renew our Agency Membership for 2021. 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: _____

NOTE: Annual \$150 Fee waived for 2021. Mail completed form and check for applicable Pre-Paid Referral Fees to: Furniture Sharehouse, P. O. Box 702, Larchmont, NY 10538