

Agency: _____

C/M Name: _____

C/M Off. #: _____

C/M Cell #: _____

Client Name: _____

Client DOB: _____

Resident Spouse/Partner Name: _____

Street Addr: _____

Apt. #: _____ City: _____ Zip: _____

Mobile Tel #: _____

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: _____

RESPONSE REQUIRED: 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 – BUT ONLY 1 QUEEN OR FULL)	QN ___ Full ___ Twin ___ Toddler ___ Bunks ___			
Kitchen Table	Max. Size: _____			
Kitchen Chairs	How many? _____			
Sofa (indicate maximum length)	Max.Length: _____			
Armchair (Family of 4 = 1, Family of 5 or more = 2)				
Coffee Table (limit 1)				
Lamp Table (limit 1)				
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				
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"/> Bedbugs | <input type="checkbox"/> Formerly Incarcerated | <input type="checkbox"/> Previously Homeless |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Furniture Broken | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Mold | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Physical Disability/Medical | |

RESPONSE REQUIRED: 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: 1. White 2. Hispanic 3. Black/African American
 4. Asian 5. Black/African American & White 6. Asian & White 7. Other Multi-Racial

Client understands and acknowledges the following: 1) The furniture I will be receiving is GENTLY-USED, NOT NEW; 2) Furniture Sharehouse will try to accommodate my specific furniture requests as much as possible, but furniture selection is based on available inventory on any given day; 3) All items selected for/by me are provided in "as-is" condition, and no items can be exchanged or replaced; 4) All fees will be payable and are non-refundable; 5) Once I have agreed to a delivery date and time and my items are loaded onto the delivery truck, cancellation is NOT POSSIBLE and the delivery fee will be due/non-refundable. 6) If I select an item that does not fit into my apartment, a re-delivery fee will be charged to receive a replacement. **By my signature**, I agree to indemnify and hold harmless Furniture Sharehouse, its directors, agents and volunteers from any and all claims or damages relating to the selection and delivery of any and all items selected for/by me.

Signed by Client: _____ **OR**

SIGNED BY CASE MANAGER ON BEHALF OF CLIENT: I hereby certify that I have verbally reviewed the above Acknowledgments/Release with my client and that s/he understands and accepts each of them.

Signed: _____ Date: _____