



FFF Furniture Request Form

(Revised 2/8/19)

THIS SECTION SHOULD BE COMPLETED & SIGNED BY THE CLIENT

CLIENT'S PRINTED NAME _____

I give permission for my caseworker or Collaborating Partner Agency (CPA) worker to release my name, address, & social security number, along with demographic, financial, & health information, to Furniture For Families Inc (FFF). I also give FFF permission to access information about me on any community-wide client services source, database, or social media. I understand that Furniture For Families Inc. provides **USED FURNITURE ITEMS ONLY** and may not be able to provide me with any or all items I request. Further, if I have a concern about the services I receive, I understand that I can contact the FFF Executive Director at the contact numbers listed below. I certify that I understand the information on both pages of this **Furniture Request Form** and that all information I have provided to my CPA referring agency is accurate to the best of my knowledge. I understand that FFF helps families with furniture donations ONLY ONE TIME. I ATTEST THAT THIS IS MY FIRST REQUEST TO FFF FOR FURNITURE ASSISTANCE!! I agree that the items received will not be sold or disposed of beyond FWT without written permission from the FFF Executive Director.

I feel that I am eligible to receive services from Furniture For Families Inc. due to the following circumstances.

_____ Transitioning from homelessness or a shelter _____ Domestic Violence Retreat
_____ Disaster Victim _____ OTHER (DISABLED, ETC) _____

What caused this **NEED**? _____

(Use an additional sheet of paper if necessary to best justify your **need** or plans for **self -improvement**)

What are you doing (?working?) for **self-improvement** outside public assistance programs like FFF?

CLIENT'S (Legible) SIGNATURE

DATE

THIS SECTION SHOULD BE COMPLETED & SIGNED BY THE CASEWORKER

^ Referring Agency / CPA ^

^ Caseworker's Printed Name ^

^ Caseworker's Phone ^

^ Caseworker's Fax ^

^ Caseworker's Email ^

^ Date of this Request ^

^ Client's Gross HOUSEHOLD Monthly Income ^

^ Source of This Income ^

I am certifying that the person/s designated on this form is eligible to receive services from Furniture For Families Inc. by my agency's established poverty and hardship guidelines due to the following circumstances. This client clearly states that they have not signed a previous FFF Furniture Request. I am aware that if FFF Donation Guidelines are not followed, & if any requested information is NOT LEGIBLE or LEFT BLANK; it will LOWER THE PRIORITY OF THE REQUEST.

NEED AND SELF IMPROVEMENT PLANS observed by Caseworker > _____

Caseworker's Signature _____ **Date** > _____

***** To Contact Furniture For Families Inc, Executive Director *****

Woodrow (Woody) Hall - Email > FFF@hot.rr.com - Fax > 254-781-2299 - Phone 254-702-0715

U.S Mail > 1314 Brock Drive, Killeen, Texas 76543



FFF Furniture Request Form

FFF CASE # _____ (FFF Office Use Only)

Client Information > (Printed Name) _____

Address _____ Building/Apartment _____

City _____ State _____ Zip _____

Phone # _____ Secondary Phone # _____ Email _____

^ Referring Agency/CPA ^

^ Caseworker's Name ^

^ Caseworker's Phone ^

<u>HOUSEHOLD STATISTICAL INFORMATION</u>					<u>MARK ALL THAT APPLY IN THIS HOSEHOLD</u>	<u>Comments</u>
Relation	Male <u>OR</u> Female	Race	Date of Birth	Social Security	<input checked="" type="checkbox"/>	Senior Citizen (65+)
Head of Household						Chronic Homelessness
Partner						Domestic Violence
Child 1						Veteran <u>OR</u> Dis. Veteran
Child 2						Disaster Victim
Child 3						Substance Abuse
Child 4						Mental Illness
Child 5						OTHER-
Child 6						OTHER-

Basic Furniture Items Requested

(FFF does not guarantee that all items requested AND/OR approved will be available in the warehouse)

MRI (Most Requested Items) ITEMS - MAXIMUM ALLOWED **3**

OTHER ITEMS (Sometimes Available)

Available)

Quantity Requested

_____ King Size Bed (MRI)

_____ Queen Size Bed (MRI)

_____ Full Size Bed (MRI)

_____ Twin Bed (MRI)

_____ Easy Chairs (MRI)

Quantity Requested

_____ Sofa (MRI)

_____ Loveseat (MRI)

_____ Chest of Drawers (1 per 4 members) (MRI)

_____ Dresser (MRI)

_____ Dining Table/Chairs (MRI) (Families ONLY)

Quantity Requested

_____ Coffee OR End Table

_____ Television (Families ONLY)

_____ Bookshelf

_____ Table Lamp

_____ Crib OR Toddler Bed

_____ OTHER _____

(Try NOT to ask for more than **TWO BEDS** per request)

If this client lives outside our Killeen, HH, FH, Cove, or Nolanville delivery area IS TRANSPORTATION FROM OUR WAREHOUSE BY APPOINTMENT GUARANTEED? _____/_____ (Please write YES / NO with Caseworker Initials)

Executive Director Approval Stamp

Form Revised 9/12/12

Executive Director Comment/s: