



**FFF Furniture Request Form - FFF Case # \_\_\_\_\_**

**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 or database. 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 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) \_\_\_\_\_

**Explain details > \_\_\_\_\_**

(Use an additional sheet of paper if necessary to best justify your need or circumstances)

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. **LATTEST 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.

CLIENT'S (Legible) SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THIS SECTION SHOULD BE COMPLETED 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 ^ \_\_\_\_\_

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 any FFF Donation Guidelines not followed, requested information that is NOT LEGIBLE or LEFT BLANK will LOWER THE PRIORITY OF THE REQUEST.

**Explain Justifying Circumstances > \_\_\_\_\_**

**Caseworker's Signature \_\_\_\_\_ Date > \_\_\_\_\_**

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

Woodrow (Woody) Hall - Email > [FFF@hot.rr.com](mailto: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 ^

HOUSEHOLD STATISTICAL INFORMATION					X	MARK ALL THAT APPLY IN THIS HOUSEHOLD	Comments
Relation	Male OR Female	Race	Date of Birth	Social Security			
						Senior Citizen	
Head of Household						Chronic Homelessness	
Partner						Domestic Violence	
Child 1						Veteran OR 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** - MAX ALLOWED FOR NORMAL PRIORITY > **3**

**OTHER ITEMS** (Sometimes Available)

Quantity Requested

\_\_\_\_ King Size Bed (MRI)

\_\_\_\_ Queen Size Bed (MRI)

\_\_\_\_ Full Size Bed (MRI)

\_\_\_\_ Twin Bed (MRI)

\_\_\_\_ Easy Chairs (MRI)

Quantity Requested

\_\_\_\_ Sofa OR Loveseat (MRI)

\_\_\_\_ Dining Table/Chairs (MRI - Families ONLY)

\_\_\_\_ Chest of Drawers (1 per 4 members) (MRI)

\_\_\_\_ Dresser (MRI)

Quantity Requested

\_\_\_\_ Coffee OR End Table

\_\_\_\_ Night Stand

\_\_\_\_ Bookshelf OR Television

\_\_\_\_ Table Lamp

\_\_\_\_ Crib OR Toddler Bed

\_\_\_\_ OTHER \_\_\_\_\_

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:**

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