

# First Presbyterian Church Furniture Ministry

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**\*Please call (336) 212-2937, leave message that you have faxed this to (336) 228-1705\***

Client Name \_\_\_\_\_ Client Phone Number \_\_\_\_\_

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages & Sex of Children \_\_\_\_\_

Pajama Sizes for Children \_\_\_\_\_

(An agency provides pajamas for children up to 18 years of age; please specify if Child or Adult size)

Client Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Upstairs or Downstairs \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

**Prioritize furniture requests in order of need with 1 being the highest need.**

**Children under 18 will always receive a twin bed only**

Priority	# of items	Item Requested	Tagged @ FM		Priority	# of Items	Item Requested	Tagged @ FM
		Adult Queen/full mattress/box					Sofa	
		Child twin mattress/box					Upholstered Chair	
		Dining Table/chair					Coffee Table	
		Chest/Nightstand					End Table	
		Linens						
		Other					Other	

**Any special needs to consider:** \_\_\_\_\_

**Has there been a home visit by referring agency?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Client Resides in Alamance County** Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_ Moving from homelessness \_\_\_\_\_ Recovering from fire/flood/crisis

\_\_\_\_\_ Domestic violence \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Bed Bugs – Treatment date & Type \_\_\_\_\_

Referral Agency \_\_\_\_\_

Referral Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of Referral Person \_\_\_\_\_

Received on \_\_\_\_\_

Updated August 2018