

**Furniture Share
Client Eligibility Form**

delivery fee: \$30.00

PLEASE FILL FORM OUT COMPLETELY

Agency _____ Date _____

Case Worker _____ Agency Telephone _____

Client Name _____ Client Telephone _____

Client Address _____ Apt # _____ City _____ Zip _____

All Household Members: (attach additional as needed)

Race (for statistical purposes)

Ethnicity

	Male/ Female	Age	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Latino or Hispanic
Client:								

HAS CLIENT EVER BEEN SERVED BEFORE ___ YES ___ NO IF SO, WHEN _____

Household Composition:

2-Parent Family _____
 1-Parent Family _____
 Single Adult _____
 2 or more Adult _____
 Number of Children _____
Total in Household _____

Household Situation (Please indicate all that apply)

Disabled Adult _____ Alcohol/Drug _____
 Disabled Child _____ Elderly/Frail _____
 Homeless _____ Domestic Violence _____
 At Risk of Homelessness _____
 Chronically Mentally Ill _____
 Developmentally Disabled _____

Issues in Living Conditions

Ill Health conditions _____
 Extreme Discomfort _____
 Safety Concerns _____

Household Income _____

Financial Verification Used: _____
 Food Stamp Eligible? _____
 Medical Card? _____ SSA/SSI? _____ OTHER _____

Furniture Request:

Is someone able to pick up item(s)? YES ___ (\$20.00 pick up fee) NO ___ (\$30.00 delivery fee)

Office use ONLY

Items Distributed/Date: _____

Still Needs: _____

**Please send this form to Furniture Share via Fax at (541) 738-0478 or Fax@furnitureshare.org
 mail it to Furniture Share at PO Box 2224, Corvallis, OR, 97339-2224
 Delivery Areas: Corvallis, Philomath and Albany**