

Return this form to Benton Furniture Share via Fax at (541) 738-0478 or email to Admin@furnitureshare.org

Benton Furniture Share Client Eligibility Form

PLEASE FILL FORM COMPLETELY

Agency _____ Date _____

Case Worker _____ Agency Telephone _____

Client Name _____ Client Telephone _____

Client Address _____ Apt # _____ City _____ Zip _____

*HAS CLIENT RECEIVED FURNITURE FROM US IN THE PAST? YES - Year? _____ NO

*Review fee's with client & sign below **\$40.00**

*Pick Up: ___ Delivery: ___ (client choose preferred option)

(MUST be paid at or Before Delivery)

* By signing I confirm this **agency** or **client** (circle one) has agreed to pay fees by date of service.

*List all Household Members - Race/Ethnicity Required for Grant Reporting (Please select all that apply)

Gender (M/F)	Birthdate	White	Asian	Black <u>or</u> African American	American Indian <u>or</u> Alaskan Native	Native Hawaiian <u>or</u> Pacific Islander	Latino <u>or</u> Hispanic

Caseworker Sign _____

***Household Situation:**

- Disabled Adult Disabled Child
- Homeless Elderly/Frail **Fire Victim**
- Domestic Violence
- Alcohol/Drug Dependency

Other:

- At Risk of Homelessness
- Chronically Mentally Ill
- Developmentally Disabled

***Household Composition Total#** _____

- Single Parent Veteran

***Household Income:** (Annual OR Monthly Income required)

\$ _____

Verification: _____

(Letter, statement, W2, or paystub)

Food Stamp Eligible? Y N

Office Use Only: Client Served Date: 1st **Still Needs**
Items

***Furniture Request:**

- Mattress Box Spring Bed Frame Bedding

& Size (Twin/Full/Queen) _____

- Couch Loveseat/LVroom Chairs Dining Table Dining Chairs # _____ Lift Chair Recliner
- Dresser(only 1 per household) Coffee Table End Table Night Stands Lamps Bookshelf Crib
- Other Kitchen or Household Items: _____

I have requested a new bed because: (required if requesting mattress)

- No Bed Old Bed Uncomfortable Soiled Medical Request Other _____

Received: _____

Still Needs: _____