

**Return this form to Benton Furniture Share via Fax at (541) 738-0478 or email to [Admin@furnitureshare.org](mailto: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 Pick up-\$40.00 Delivery-\$60 (Albany, Corvallis, Philomath) \$75 (Lebanon) \$100 (Sweet Home)

\*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: \_\_\_\_\_