

CLIENT REFERRAL FORM

Appointment Date _____ Time _____

I have performed a home visit to verify my client's furniture needs.

Comments _____

Client: _____

Agency: _____

Case Manager's / Sponsor's Signature

Date

My client's existing furniture and furniture needs are listed below:

	HAS	NEEDS	
BEDROOM	<input type="checkbox"/>	<input type="checkbox"/>	Mattresses
	<input type="checkbox"/>	<input type="checkbox"/>	Box Springs
	<input type="checkbox"/>	<input type="checkbox"/>	Dressers
	<input type="checkbox"/>	<input type="checkbox"/>	Night Stands
	<input type="checkbox"/>	<input type="checkbox"/>	Bed Frames
	<input type="checkbox"/>	<input type="checkbox"/>	Linens (sets)
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
LIVING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	Sofas / Couches
	<input type="checkbox"/>	<input type="checkbox"/>	Stuffed Chairs
	<input type="checkbox"/>	<input type="checkbox"/>	Coffee / Sofa Tables
	<input type="checkbox"/>	<input type="checkbox"/>	End Tables
	<input type="checkbox"/>	<input type="checkbox"/>	Lamps
	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets
	<input type="checkbox"/>	<input type="checkbox"/>	Desks
	<input type="checkbox"/>	<input type="checkbox"/>	TVs
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

	HAS	NEEDS	
KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Tables
	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Chairs
	<input type="checkbox"/>	<input type="checkbox"/>	Stove
	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator
	<input type="checkbox"/>	<input type="checkbox"/>	Microwave
	<input type="checkbox"/>	<input type="checkbox"/>	Dishes / Pots (sets)
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	Washer
	<input type="checkbox"/>	<input type="checkbox"/>	Dryer
	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum
	<input type="checkbox"/>	<input type="checkbox"/>	Baby Items
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____