



Make A Home Foundation serves Veterans and families in need by providing household furnishings to qualifying families. Our donations program allows us to give a helping hand to those who are attempting to rebuild their lives. We only work through community agencies and their case managers to make this happen. The following describes the process to be followed.

- ___ 1. Case manager makes a home visit to determine needs.
- ___ 2. Client and Case Manager complete and sign Furniture Request Application.
- ___ 3. Case Manager will determine who will cover the delivery fee and cost of items purchased.
- ___ 4. Completed Furniture Request Application (ALL 3 PAGES) is faxed (203) 527-7136, or scanned and emailed to referrals@mahfct.org.
- ___ 5. MAHFCT will review information. Within 3-4 business days an invoice will be sent to appropriate party.
- ___ 6. Once payment is received, MAHFCT will contact CLIENT to schedule delivery.

Mattress sets (mattress & boxspring) are new in plastic, most other items are USED. These are items that have been donated to us. Nothing is ripped or stained, but some will show usage. **Items selected for delivery are subject to availability. They may not be the style or color that the client prefers or be matching sets, but all will be in good working condition and we will make every attempt to provide matching sets where possible. PLEASE INFORM YOUR CLIENT OF THIS.**

Please note the delivery fee for your area. Be very specific when describing delivery location. Deliveries will be made curbside to locations that are 3rd floor and above with no elevator. Be sure the client will be home for the delivery, since re-deliveries will incur an additional delivery fee.

ALL PURCHASES ARE FINAL – NO REFUNDS WILL BE GIVEN. Be sure when the application is filled out that items requested will fit the space allotted (i.e. queen bed and dresser in bedroom, sofa and side chair in living room, etc.). If space is at a premium, make a note of it on the application. Be sure that furniture will fit through doorways and halls. If an item requested is not available at the time of delivery, a voucher may be given for the client to pick up that item when available.

FINANCIAL ASSISTANCE CAN BE PROVIDED ON A CASE BY CASE BASIS IF NECESSARY
VETERANS ARE GIVEN PRIORITY STATUS

MAKE A HOME FOUNDATION, INC.
(203) 527-5100 FAX (203) 527-7136

CLIENT FURNITURE REQUEST APPLICATION

REFERRING AGENCY _____
ADDRESS _____
WORKER NAME _____
EMAIL _____ **PHONE #** _____

CLIENT NAME _____
STREET ADDRESS _____ **APT #** _____
FLOOR _____ **ELEVATOR** _____ **Y** _____ **N** _____ **TOWN** _____
EMAIL _____ **PHONE #** _____

FAMILY STATUS: MARRIED__ **SINGLE**__ **SEPARATED**__ **DIVORCED**__ **PARTNER**__
WIDOWED__ **LGBT SINGLE**__ **LGBT PARTNER**__

RACE/ETHNICITY: CAUCASIAN__ **AFRICAN AMERICAN**__ **HISPANIC**__ **ASIAN**__
EUROPEAN__ **CARIBBEAN**__ **MIDDLE EASTERN**__ **OTHER**__

Support Make a Home Foundation and save on your electric bill / /
Ever Source Account Number _____

ALL MEMBERS LIVING IN THE HOME

NAME	RELATIONSHIP	M/F	AGE

FINANCIAL

HOUSEHOLD MONTHLY INCOME

WORK _____
VET BENEFITS _____
TANF _____
FOOD STAMPS _____
SSI/SSD _____
CHILD SUPPORT _____
OTHER _____

TOTAL _____

HOUSEHOLD MONTHLY PAYMENTS

RENT _____
OIL _____
ELECTRIC _____
CABLE _____
PHONE _____
FOOD _____
OTHER _____

TOTAL _____

REASONS FOR REFERRAL – CHECK ALL THAT APPLY

VETERAN__ **EVICTION**__ **MENTAL DISABILITY**__ **PHYSICAL DISABILITY**__ **ADDICTION**__
FIRE__ **DOMESTIC VIOLENCE**__ **MARITALCHANGE**__ **DSS**__ **INCARCERATION**__
RELOCATION__ **PTSD**__ **LOSS OF JOB**__ **REFUGEE**__ **HOMELESS**__ **OTHER (SPECIFY)**__

MAKE A HOME FOUNDATION, INC.
 (203) 527-5100 FAX (203) 527-7136

CLIENT FURNITURE REQUEST FORM - ALL ITEMS ARE BASED ON AVAILABILITY

ITEM	NEED/QUANTITY	FOR MAHF STAFF	ACCOUNTING
TWIN BED	MATTRESS / BOXSPRING SET___ FRAME___		
FULL BED	MATTRESS / BOXSPRING SET___ FRAME___		
QUEEN BED	MATTRESS / BOXSPRING SET___ FRAME___		
BED LINEN	TWIN___ FULL___ QUEEN___		
DRESSER	TALL___ LONG___		
NIGHT STAND			
SOFA OR LOVESEAT			
LR CHAIR OR RECLINER			
BOOKCASE			
TV			
TV STAND			
DESK			
COFFEE TABLE			
END TABLE			
LAMP	FLOOR___ TABLE___		
KITCHEN TABLE	ROUND___ OBLONG___ SIZE_____		
KITCHEN CHAIRS	QUANTITY_____ PRICED PER EACH		
DISHES			
SILVER-WARE			
KITCHEN-WARE	POTS & PANS___ UTENSILS___ BOWLS___		
SMALL APPLIANCE	TOASTER___ COFFEE POT___ OTHER___		
TOYS/BOOKS			
HOUSE DECOR			
BABY ITEMS			
OTHER			
TOTAL			

MAKE A HOME FOUNDATION, INC.

(203) 527-5100 FAX (203) 527-7136

REASON FOR REFERRAL Be specific (eviction, domestic violence, loss of job, fire, addiction, veteran, homelessness, mental disability, incarceration, etc.) Note if situation is emergency or not, earliest date delivery can be scheduled. _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET.

HOW DID YOU HEAR ABOUT US _____
.....

DELIVERY INSTRUCTIONS: ENTRY: __ FRONT __ BACK. WHERE TO PARK _____
STEPS TO DOOR _____ WHAT FLOOR _____ ELEVATOR __ Y __ N. ANY SMALL HALLS OR
DOORWAYS __ Y __ N. DESCRIBE ANY OTHER IMPORTANT INFORMATION FOR DRIVERS

TOTAL COST OF ITEMS REQUESTED FROM PAGE 2 _____

DELIVERY FEE (SEE WEBSITE) _____

TOTAL CLIENT CONTRIBUTION _____

TOTAL AGENCY CONTRIBUTION _____

CLIENT SIGNATURE

WORKER SIGNATURE

DATE

DATE

.....
FOR OFFICE USE ONLY: DATE RECD _____