

FreeStore DV Request Form				Referring Agency:						
Client Name	Last		First		Maiden		Birth Date		Move In Date	
Client Ph.				Is Texting OK? (Y/N)		FreeStore used before/Date				
Address						City				
Adult Women		Adult Men		Adult Non Binary		Children Ages				
Caucasian		African American		Asian		Hispanic		Native American		Other
Advocate name (First&Last)										
Advocate Email						Advocate Phone				

Household Needs

Indicate needed items by placing **number** under the **Need** column in front of the item. We cannot guarantee every needed item is available. Some items are limited by availability; some by family size. **Mark only items you NEED.**

Living Room			Kitchen			Bedroom			Miscellaneous		
Need	Item	Taken	Need	Item	Taken	Need	Item	Taken	Need	Item	Taken
	Couch			Table			Qn. Matt			Iron	
	Loveseat			Chairs			Full Matt			Iron Board	
	LR Chair			Bar Stool			Twin Matt			Radio/Other Elec.	
	Small tables			Pan Set			Qn. Frame			Vacuum Cleaner	
	Coffee Tbl			Dish Set			Full Frame			Floor Lamp	
	Book Case			Kitchen Misc.			Twin Frame			Table Lamp	
	Desk						Bunk Set			Storage Unit	
	TV		Small Appliance-3 max				Dresser			Large Rug	
				Microwave			Sheet Set			Small Rug	
Baby Stuff				Toaster/Oven			Blanket			Fan	
	Change Tbl			Mixer			Pillow			Space Heater	
	Play Pen			Blender			Matt. Cover				
	Youth Bed			Crock Pot			Comf/Spread			Cleaning Basket	
	Youth Chr.			Coffee Pot		Bath				Box Misc.	
	Stroller						Towel Set			Food	
	Crib						Shower Curt				
	Bedding						Bath Misc.				

FreeStore Use Only: Agency Receipt, DO NOT SIGN UNTIL FREESTORE VISIT

By receiving furniture and/or other household goods from the FreeStore, (1) I understand that most are used, (2) I agree to receive all items "AS IS" and (3) I agree to hold the FreeStore, its volunteers, agents and donors harmless from all liability for any injury that might arise from use or misuse of any furniture or other item received by me.

Client Signature				Date:	
FS Volunteer (Please print)					

Pre-Appointment checklist for Client and Advocate

Client	Advocate	
<input type="checkbox"/>	<input type="checkbox"/>	Client will have at least 2 strong adults to help with moving. If the FreeStore volunteers do not think the helpers are capable of moving the items, they will return the items to the warehouse.
<input type="checkbox"/>	<input type="checkbox"/>	Client is ____ /is not ____ coming to the warehouse on (enter date of appointment)_____ at (enter time)_____. Please arrive 15 minutes prior to your appointment time.
<input type="checkbox"/>	<input type="checkbox"/>	How is client getting to the warehouse? _____
<input type="checkbox"/>	<input type="checkbox"/>	How will client get from warehouse to home? _____
<input type="checkbox"/>	<input type="checkbox"/>	We have discussed room sizes as specified below and understand that any furniture that does not fit in a room or is not able to enter a residence will be returned to the FreeStore warehouse.
_____	_____	Initial in boxes to the left to signify you understand the FreeStore is an independent non-profit, run entirely by volunteers and that you will treat volunteers with respect and understand the volunteer serving has final say on any conflicts or decisions.

Residence Living Arrangements

Apartment or house		Apt Complex name		Move in date		Stairs/Elevator (S or E)	
Floor of building		Number of rooms		Number of bedrooms		Sharp corners on stairs (Y or N)	
Living room		Dining Room					

Greeter checklist

(to be completed at time of client appointment)

<input type="checkbox"/>	Use numbers to include items taken (use zero if item is requested but not available.)
<input type="checkbox"/>	All applicable fields are completed including agency name, client address, client birth date, all signatures and dates.
<input type="checkbox"/>	Receipt given to advocate (where appropriate).