

**Volunteer Center of Whatcom County-
House 2 Home Network Virtual Furniture Bank**

Phone: (360) 734-5121 x173 Fax: (360) 671-0541

Karens@whatcomvolunteer.org



Furniture Request Form:

Date		Agency		Referrer		Phone	
-------------	--	---------------	--	-----------------	--	--------------	--

Client Information

Name:		Ethnicity (<i>select only one</i>):	<input type="checkbox"/>	Hispanic or Latino	
Address:			<input type="checkbox"/>	Not Hispanic or Latino	
City/Zip Code:		Race (<i>select all that apply</i>):	<input type="checkbox"/>	Black or African American	
Phone:			<input type="checkbox"/>	American Indian or Alaska Native	
Birth	Gender:		<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	
Monthly Household Income:			<input type="checkbox"/>	White	
			<input type="checkbox"/>	Asian	
# of adults in household:				<input type="checkbox"/>	Declined to Answer
# of Children in household:					
Female head of household:		Preferred language if limited English:			
Client's email address (if available):		Has Client Served in U.S. military:			

Quantity Requested	Item	Quantity Requested	Item
	Bookshelf		End table/Nightstand
	Coffee table		Easy Chair/Loveseat
	Couch		Entertainment Center/Television
	Crib		Kitchen Appliance:
	Desk		Kitchen items: Dishes/Cookware/Utensils
	Dining Set		Lamp (Table or Floor)
	Double Bed/Full		Queen Bed
	Easy Chair/Loveseat		Twin Bed

Additional info/special furniture requests:



House 2 Home Network
Virtual Furniture Bank
Furniture and Household
Items Request Form



This section to be completed and signed by the client

Client Name _____

-I give my permission for my caseworker to release my name and address to the Furniture Bank. I give the Furniture Bank permission to access and edit information about me on the Volunteer Center of Whatcom County's Furniture Bank Database.

-I understand that the Furniture Bank provides used items and may not be able to provide me with all the items I request. If I have a concern about the services I receive, I understand that I can contact the Furniture Bank's Coordinator to file a complaint.

-I am eligible to receive services from the Furniture Bank due to the following circumstance:
I was in a homeless situation and recently became housed through the Homeless Service Center or one of its partner agencies.

I certify that I understand the information on both pages of the Furniture Request Form and that all of the information I have provided is accurate to the best of my knowledge.

Client Signature

Date