

Furniture Request & Assessment

Primary Adult Name (PRINT) _____ Date _____
Email _____ Phone _____
Address _____ Date of Birth _____
City _____ State ____ Zip _____ No. Registered in Family ____

Furniture requests require a Joseph's Coat membership & verification of furniture need by social service or religious organization.

FURNITURE REQUEST STEPS

- If you are not a member, fill out a Membership Request.** Bring your membership form to Joseph's Coat with I.D.s for all family members.
Furniture requests require membership. As a member, you can shop for clothing, household goods & personal care items during store hours.
- Complete both pages of the Furniture Request & Assessment Form**
- The referring organization verifies your family's furniture need with an in-home visit.**
- Client receives a copy of the completed form.**
- Email Furniture Request & Assessment to**
furniture@josephs-coat.org
- Joseph's Coat reviews your request**
After review, Joseph's Coat contacts client to discuss the request and set an appointment date to select, load, and take your furniture.
- Reserve a Truck** to pick-up the furniture you select. Reserve your truck early. The client is responsible for providing a truck large enough to hold ALL requested furniture.
- 1-Week before your appointment** call Joseph's Coat, **614-863-1371**, to confirm your appointment & your truck has been reserved.

Furniture Selection & Pick-Up Day

- Bring your I.D. & copy of Furniture Request**
- If you haven't completed your membership**, arrive 15 minutes early to complete membership. Bring I.D.s. for all family members. *Enter front door.*
- Arrive on Time**
240 Outerbelt Street, rear, Loading Dock 6.
If you are late, you must wait.
If early, wait with your truck while others load.
- You have a 30-minute window** to select & load your furniture.
Bring 1-2 other people to help load and secure your furniture onto your truck.
Protect your furniture: bring blankets to protect & rope to tie-down furniture. You are responsible for securing your furniture for travel.

IF YOU MUST RE-SCHEDULE or CANCEL: call Joseph's Coat, 614-863-1371 and leave message at least one day before your appointment.

YOUR REQUEST IS CANCELLED IF . . .

- You don't show up for your appointment.
- You don't call us at least one day before your appointment to cancel or re-schedule.
- You show up for appointment without a suitable vehicle to transport your furniture.

The client is responsible for arranging pick-up & delivery of furniture.
I agree to the terms above & furniture assessment listed on page 2.

Client Signature *Acknowledging client responsibility & assessment*

Date

JOSEPH'S COAT FURNITURE REQUEST ASSESSMENT

| | | |
|--------------------------------------|-------|----------------------------------------------------------------------------------------|
| Client: Primary Adult (Please Print) | Phone | office use only _____ Pick-up Date _____ Pick-up Time _____ |
| Address | | |
| City | Zip | |
| client email | | |

| | |
|------------------------|-------|
| Referring Organization | Phone |
|------------------------|-------|

| | |
|---------------------|---------------------------|
| Case Worker/Sponsor | Case Worker/Sponsor Email |
|---------------------|---------------------------|

Case Worker/Sponsor Signature _____

- I have **verified** my client's furniture needs and what furniture they have with a home visit.
- Client understands they **must register and present I.D.s for Membership before receiving furniture.**
- Client has copy** of both pages of this form.

Registered Family
Size

Case Worker
Comments

| | Client Has | Client Needs | Qty Rec'd | Furniture Limits | | | |
|------------------------|------------|--------------|-----------|-----------------------------------------------------------------------------------------------|----------|-----------|-----|
| | | | | 1 person | 2 people | 3+ people | |
| Bedroom | | | | Mattress | 1 | 1-2 | 2 |
| | | | | Box Spring | 1 | 1-2 | 2 |
| | | | | Dresser | 1 | 1 | 2 |
| | | | | Night Stand | 1 | 2 | 2 |
| | | | | Bed Frame | 1 | 1-2 | 2 |
| Living Room | | | | Sofa / Love Seat | 1 | 1 | 1 |
| | | | | Upholstered Chair | 1 | 1 | 2 |
| | | | | Coffee Table | 1 | 1 | 1 |
| | | | | End Table | 1 | 1 | 2 |
| | | | | Lamp | 2 | 2 | 2 |
| Kitchen | | | | Kitchen Table | 1 | 1 | 1 |
| | | | | Kitchen Chairs | 2 | 2 | 4-6 |
| | | | | Refrigerator | 1 | 1 | 1 |
| | | | | Stove | 1 | 1 | 1 |
| | | | | Microwave | 1 | 1 | 1 |
| Other Furniture | | | | Core items are listed above in Bold . List 'Other' Furniture requests in this section. | | | |
| | | | | _____ | | | |
| | | | | _____ | | | |
| | | | | List Household Goods on separate form. | | | |

Furniture requests are once per life emergency. During your appointment you will be able to select from furniture available during your appointment time.
Joseph's Coat DOES NOT OFFER RAIN CHECKS.

| | |
|----------------------------------------------------------------|------|
| Signature acknowledging receipt of goods on day of appointment | Date |
|----------------------------------------------------------------|------|