A Joseph’s Coat Membership is required to receive program resources. Please complete the Application and provide a photo ID for all adult household members and identification for all children. Any changes to family size, home address or phone number that occur after the completion of the Membership application must be provided to a Joseph’s Coat team member.

|  |  |
| --- | --- |
| Name Primary Adult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_  | No. of Household Members \_\_\_\_\_  |
| Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |

last name, first \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name: First & Last  | M/F  | Date of Birth (Month/Day/Year)  | Age  | Type of ID Verified  |
| Primary Adult  |  |  |  |  |  |
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**Primary Adult Signature Date**

J

Primary Adult Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Joseph’s Cost Client Furniture Information Form

To Be Completed by the Client and ALL STEPS Explained and Reviewed by Case Worker Before Signing

|  |  |
| --- | --- |
| **Primary Adult Name (print):**  | **Date:**  |
| **Email Address:**  | **Phone: ( )**  |
| **Street Address:**  | **DOB:**  |
| **City: State: Zip:**  | **No. Registered in Family:**  |

***Furniture referrals require a Joseph’s Coat membership & verification of need by social services or religious organization* FURNITURE REQUEST STEPS**

1. Client completes the Membership Application. Bring a Government issued ID to Joseph's Coat, with the name, address, and date of birth of each person in the household. You must have legal custody of the children. **Anyone over the age of 18 must have their account.**

1. Client completes the Furniture Information Form. Case Worker reviews the steps with the client, and the client signs to acknowledge the terms.

1. **Only the Case Worker** completes the Furniture Request Assessment. Please read carefully, fill in the information correctly & check boxes when completed.

1. Case Worker emails the completed forms to us from the agency email address: **furniture@josephs-coat.org**

1. Joseph's Coat will review the request and acknowledge receipt of the request; we call one time and leave a message the client is responsible to call back for the appointment, make sure all information given is correct or you will not receive an appointment. The client is responsible for arriving at the appointment time, appointments will not be rescheduled. A no-call no-show will not be rescheduled.

**IMPORTANT INFORMATION ABOUT YOUR FURNITURE APPOINTMENT**

1. The client is responsible for arriving at the appointment time, appointments will not be rescheduled. In an emergency call 24 hours in advance at **614-852-45758 and leave a message** or email us at: **furniture@josephs-coat.org**
2. Reserve a truck large enough to hold the requested items & we suggest you reserve & arrive early. During your appointment, you will be able to select from the furniture available during your appointment time. All selected items need to be picked up during your appointment time. Joseph's Coat does not offer Rain Checks.

1. Client must bring their ID, a truck & 2 helpers to their appointment at Loading Dock 6.

1. Our address is **7500 East Main Street, Reynoldsburg, OH 43068.** Our loading dock is located behind the building.

You will have approximately 15 minutes to load your bed. Bring blankets & rope to tie down furniture--you are responsible for securing your bed for travel. **A no-call no-show will not be rescheduled.**

**YOUR APPOINTMENT IS CANCELLED IF:**

* + You don't show up for your appointment.
	+ You don't call at least one day before your appointment to cancel or reschedule.
	+ You arrive without a suitable vehicle to transport your bed.

 The client is responsible for arranging the pick-up and delivery of furniture. I agree to the terms above andassessment listed on ***Help Request Assessment Form***.

**Client Signature *Acknowledging client responsibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Joseph's Coat Furniture Request Assessment Form**

|  |  |  |
| --- | --- | --- |
| **To Be Completed by Case Worker Only** |  | JC Office Staff |
| Client: Primary Adult (Please Print) |  | Appt Date Appt TimeJC ID Chk(initials) |
| Address | Phone |
| City | Zip |

 Client Email DOB

 Referring Organization Phone Ext

|  |  |  |
| --- | --- | --- |
| Case Worker/Sponsor |  Sponsors 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 bed.** Registered Family

Size

 □ **Client has copies** of the Membership Form, and Client Bed Information Assessment Form.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case Worker Comments |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|  | Client Has | Client Needs |   |   |   |   |   | Furniture Limits |   |
| **Bedroom** |   |   |   |   |   |   |   | 1 Person | 2 people | 3+ People |
|   |   | Mattress |   |   |   |   | 1 | 1 -2 | 2 |
|   |   | Box Spring |   |   |   |   | 1 | 1-2 | 2 |
|   |   | Dresser |   |   |   |   | 1 | 1-2 | 2 |
|   |   | Nightstand |   |   |   |   | 1 | 1-2 | 2 |
|   |   | Bed Frame |   |   |   |   | 1 | 1-2 | 2 |
|   |   |  |  |  |  |  |  |  |   |
| **Joseph's Coat Notes** |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **Day of pickup: Furniture Requests are once-per-life emergencies. Joseph's Coat does not offer Rain Checks** |
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|   |  |  |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |  |   |   |  |   |
| Signature acknowledging receipt of goods. |   |   | Date |   |   |   |
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Doc 4-2023