

JOSEPH'S COAT

OF CENTRAL OHIO

JOSEPH'S COAT MEMBERSHIP APPLICATION

PRIMARY ADULT MEMBERS MUST BE 18 YEARS OF AGE OR OLDER

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 a 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 _____

Phone _____

Full Address _____

Language _____

Veteran: Yes No Homeless or Other _____ Disabled: Yes No

Number of family members in each age group below

Nationality _____

Senior _____ Adult _____ Child _____

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

Primary Adult Signature _____ Date _____

Primary Adult Name _____

Joseph's Coat Client Furniture Information Form

To Be Completed by 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 Government issued ID to Joseph's Coat, with name, address, and date of birth for each person in the household. You must have legal custody of children.
2. Client completes the Furniture Information Form. Case Worker reviews the steps with client, and client signs to acknowledge the terms.
3. **Only the Case Worker** completes the Furniture Request Assessment. Please read carefully, fill in the information correctly & check boxes when completed.
4. Case Worker emails the completed forms to us from the agency email address to: furniture@josephs-coat.org
5. Joseph's Coat will review the request and acknowledge receipt of the request; we try to contact clients within 1-2 weeks to schedule an appointment.

IMPORTANT INFORMATION ABOUT YOUR FURNITURE APPOINTMENT

- A. If you cannot keep your appointment, you need to let us know at least 24 hours in advance.
Call **614-863-1371 press 3 and leave a message** or email us at: furniture@josephs-coat.org
- B. 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 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.
- C. Clients must bring their ID, a truck & 2 helpers to their appointment at Loading Dock 6.
- D. Our address is **7500 East Main Street, Reynoldsburg, OH 43068. Between Lancaster and New Albany on the North side.**
- E. Bring blankets & rope to tie down furniture--you are responsible for securing your furniture for travel.

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 furniture.

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

Client Signature ***Acknowledging client responsibility*** _____

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Joseph's Coat Furniture Request Assessment Form

To Be Completed by Case Worker Only

	JC Office Staff
Client: Primary Adult (Please Print)	Appt Date
Address Phone	Appt Time
City Zip	JC ID Chk (initials)
Client Email	DOB

Referring Organization Phone Ext

Case Worker/Sponsor 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.**
- Size Client **has copy** of Membership Form, Client Furniture Information Form, and Furniture Request Assessment Form.

Registered Family

	Client Has	Client Needs		Furniture Limits		
				1 Person	2 People	3 People
			Mattress	1	1-2	2
			Box Spring	1	1-2	2
			Dresser	1	1	2
			Bed Frame	1	2	2
			Kitchen Table and Chairs	1	1	1
			Couch	1	1	1

JOSEPH'S COAT NOTES	

DAY OF PICKUP

Furniture requests are once per lifetime emergency. During your appointment we will give you a bed in the size we have during the appointment. **Joseph's Coat does not offer Rain Checks.**

Signature acknowledging receipt of goods on day of appointment

Date