

CLIENT REFERRAL FORM

Appointment Date _____ Time _____

I have performed a home visit to verify my client's furniture needs.

Comments _____

Client: _____

Agency: _____

Case Manager's / Sponsor's Signature

Date

My client's existing furniture and furniture needs are listed below:

	HAS	NEEDS	
BEDROOM			Mattresses
			Box Springs
			Dressers
			Night Stands
			Bed Frames
			Linens (sets)

LIVING ROOM			Sofas / Couches
			Stuffed Chairs
			Coffee / Sofa Tables
			End Tables
			Lamps
			Cabinets
			Desks
			TVs

	HAS	NEEDS	
KITCHEN			Kitchen Tables
			Kitchen Chairs
			Stove
			Refrigerator
			Microwave
			Dishes / Pots (sets)

OTHER			Washer
			Dryer
			Vacuum
			Baby Items

