FurnitureBank OF CENTRAL OHIO
118 South Yale Avenue
Columbus, OH 43222-1369 (614) 272-9544

CASE MANAGER ASSESSMENT FORM Schedule E

Appointment Date _____ **Time** _____

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

Client: _____

Agency: _____

Comments _____

_____

_____

_____ _____

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
			_____
			_____
			_____
			_____
			_____
			_____
			_____