

Augusta Urban Ministries

A ministry of hope to families in need
PO Box 14634
Augusta, GA 30907
Located at 1405 15th Street
706-755-7244 fax to : 706-432-9085
Email to: aumreferrals@gmail.com
Web: www.augustaurbanministries.org

Furniture Application

HMIS ID # _____

AUM's Use Only: First Time Client yes if no,
last date served: _____ Program _____
Date received _____
Appointment Date: _____
Second Appointment: _____
Client Served Yes No Reason: _____

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We consider applicants for all programs without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

Home visit conducted Yes ___ No ___ Previously Homeless Yes ___ No ___ Are you a Veteran Yes ___ No ___

Date: _____ First Name _____ Last Name _____

Address: _____ Apt. # _____ City _____ State _____ Zip _____ Veteran Y/N

Move in date: _____ Phone Number () _____ Alt # () _____

Race _____ Age _____ Gender _____ DOB _____ Head of Household Yes ___ No ___ Disabled Yes ___ No ___

Social Security # xxx - xx - _____ 2nd Adult: Name _____ DOB _____ Age _____

2nd Adult: Social Security # xxx-xx - _____ Gender _____ Race _____ Total in family: _____ Children: # boys _____ # girls _____

Please list additional family members' information on the back: Names, Social Security Numbers, and birth dates.

Source & Amount of all income: source _____ \$ _____ Source _____ \$ _____ source _____ \$ _____

Explain Reason for Referral: _____

*** Please be aware that we give furniture according to your family size. We cannot guarantee all items requested. ***
Please list the items needed below.

1. _____
2. _____
3. _____
4. _____

By signing this referral, I agree that to the best of my knowledge, all of the information on this referral is correct. I also agree that all of the information included in this referral can be entered into the GA HMIS System. I understand that this information will only be used to better assist me and/or my family. I also know that this information will not be shared with anyone other than authorized personnel at agencies using the case management system.

Client's Signature

Date

My client wishes to have their furniture delivered.

If I live in a high-rise or upstairs apartment, AUM will deliver to the ground floor. I am required to have my helpers assist me with transporting my items to my apartment.

My client will pick up furniture selections.

Agency Sending Referral _____ Phone () _____

Case Manager's Signature

Printed Name

Date

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Please have your clients initial and sign the following:

- I understand the Delivery fee is required if I need of delivery.
AUM may cancel the appointment if I do not bring the requested document listed above.
AUM does not allow anyone, including children, to go with me into the warehouse.
AUM may cancel the appointment if I am over 15 minutes late.
This is not a program to upgrade existing furniture. I will select only the items I need.
I understand that all items are donated, and therefore are used.
Items I receive from AUM are for my personal use only. Nothing I receive will be sold or traded.
AUM offers a once in a lifetime service except for Fire Victims. Therefore, I cannot reapply or return for additional items.
The number of items I am allowed is according to my family size. I will select from what we have available.
Unless other arrangements with AUM are in place, I understand that I must bring my delivery fee or a truck on the day of my appointment. If this is not possible, AUM may store my items for three days from my appointment date. If I fail to pick up my selections during this time, I forfeit the furniture and will not be permitted to select alternatives. I understand that AUM employees/volunteers are not responsible for loading my selections. I will bring enough help to load my items. I am responsible for the behavior and actions of myself and those assisting me.
I understand if no one is home at the time of my delivery, AUM will take items back to the warehouse where I will be permitted three days to pay for another delivery fee or pick up. After that, I have forfeited my selections.

AS-IS NO WARRANTIES

All Items are considered used. Any property received by the agency (Caseworker) or the client from Augusta Urban Ministries or any of its programs is "AS IS" and with "ALL FAULTS." "NO WARRANTY OF FITNESS TO A PARTICULAR PURPOSE" is made or implied by Augusta Urban Ministries. A client of itself and for its successors and assigns, further WAIVES ANY AND ALL OTHER WARRANTIES, GUARANTEES, CONDITIONS OR LIABILITIES, EXPRESSED OR IMPLIED, ARISING BY LAW OR CONSEQUENTIAL DAMAGES, ANY AND ALL TORT LIABILITIES ARISING FRIM NEGLIGENCE OR STRICT LIABILITY. The entire risk as to the quality and performance of the described property is with the client and its successors and assigns. Should any of the property prove defective following a transfer to the client, the client assumes the entire responsibility and cost of all necessary service, maintenance, or repair.

INDEMNIFICATION

Client for itself and its successors and assigns, further AGREES TO INDEMNIFY AND HOLD AUGUSTA URBAN MINISTRIES FURNITURE BANK AND ALL ITS AGENTS FREE AND HARMLESS FROM ANY AND ALL LIABILITY arising out of the use and transportation of any property received.

DELIVERY AND RISK OF LOSS

The Property's Ownership and Risk of Loss shall pass immediately to the client upon transfer of the Property.
Client living in upstairs units are required to have assistance getting selections to their floor.

I have read, understand, and agree to the above Release & Waiver, Indemnification Statement, and Delivery and Risk of Loss:

Client's Signature

Date

Agency Representative's Signature

Date