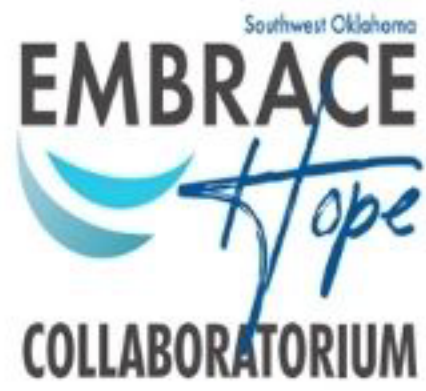




Client Furniture Referral Form:

In collaboration with Embrace Hope Collaboratorium, Inc,
Salvation Army & Darby's Home Furnishings

Client Information:

Full Name: _____ Date of Birth: _____

Phone Number: _____ Current Address / Shelter Location: _____

Current Living Situation (check one):

- ☐ Transitional Housing
☐ Recently Housed
☐ Emergency Shelter
☐ Other: _____

Items Requested (Subject to Availability)

- ☐ Chair(s)
☐ Sofa
☐ Bed (☐ Twin ☐ Full ☐ Queen)
☐ Mattress
☐ Clothing items

Pickup / Delivery Logistics

Preferred Pickup Date: _____

Pickup Address: _____

Client Available Time Window: _____

Notes or Special Instructions: _____

Referral Purpose

Please briefly describe the client's need and how this assistance will support their transition to sustainable living:

Referral Agency Representative:

Name: _____ Title/Role: _____

Agency: *Embrace Hope / C Carter Crane* Phone: _____

Email: _____ Signature: _____ Date: _____

PARTNER ACKNOWLEDGMENT

This referral is part of a collaborative effort between Embrace Hope / C Carter Crane, The Salvation Army, and Darby's Home Furnishings to provide meaningful resources and furniture to individuals and families rebuilding their lives.

"Together, we are better."

This partnership is designed to offer more than just furniture—it's about offering hope, comfort, and a fresh start.

For Salvation Army USE ONLY:

☐ **Approved** ☐ **Denial (see below)** **Staff Initials:** _____

Notes:

Date of Furniture Pickup/Delivery: _____