



MAKE A HOME FOUNDATION, INC.

PO BOX 615

NEWTOWN, CT 06470

referralsmahfct@gmail.com

makeahomefoundation.org

Phone (203) 527-5100

Fax (203) 527-7136

Make A Home Foundation serves Veterans and families in need by providing household furnishings to qualifying families. Our donations program allows us to give a helping hand to those who are attempting to rebuild their lives. We only work through community agencies and their case managers to make this happen. The following describes the process to be followed.

- ___ 1. Case manager makes a home visit to determine needs.
- ___ 2. Client and Case Manager complete and sign Furniture Request Application.
- ___ 3. Case Manager will determine who will cover the delivery fee and cost of items purchased.
- ___ 4. Completed Furniture Request Application (ALL 4 PAGES) is faxed (203) 527-7136, or scanned and emailed to referralsmahfct@gmail.com
- ___ 5. MAHF will review information. Within 3-4 business days an invoice will be sent to appropriate party.
- ___ 6. Once payment is received, MAHF will contact CLIENT to schedule delivery.

Most items are USED. These are items that have been donated to us. Nothing is ripped or stained, but some will show usage. **Items selected for delivery are subject to availability. They may not be the style or color that the client prefers or be matching sets, but all will be in good working condition and we will make every attempt to provide matching sets where possible. PLEASE INFORM YOUR CLIENT OF THIS.**

*Please note the delivery fee for your area. Be very specific when describing delivery location. Deliveries will be made curbside to locations that are 3rd floor and above with no elevator. Be sure the client will be home for the delivery, since re-deliveries will incur an additional delivery fee.

ALL PURCHASES ARE FINAL – NO REFUNDS WILL BE GIVEN. Be sure when the application is filled out that items requested will fit the space allotted (i.e. queen bed and dresser in bedroom, sofa and side chair in living room, etc.). If space is at a premium, make a note of it on the application. Be sure that furniture will fit through doorways and halls.

VETERANS ARE GIVEN PRIORITY STATUS

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CLIENT FURNITURE REQUEST APPLICATION

Please Print Clearly

Referring Agency	
Address	
Case Manager	
Email	
Phone #	

Client Name	
Street Address	
APT #	
Floor	
Elevator	
Town	
Email	
Phone #	

FAMILY STATUS: MARRIED__ SINGLE__ SEPARATED__ DIVORCED__ PARTNER__
WIDOWED__ LGBT SINGLE__ LGBT PARTNER__

RACE/ETHNICITY: CAUCASIAN__ AFRICAN AMERICAN__ HISPANIC__ ASIAN__
EUROPEAN__ CARIBBEAN__ MIDDLE EASTERN__ OTHER__

ALL MEMBERS LIVING IN THE HOME

NAME	RELATIONSHIP	M/F	AGE

FINANCIAL

HOUSEHOLD MONTHLY INCOME

HOUSEHOLD MONTHLY PAYMENTS

WORK		RENT	
VET BENEFITS		OIL	
TANF		ELECTRIC	
FOOD STAMPS		CABLE	
SSI/SSD		PHONE	
CHILD SUPPORT		FOOD	
OTHER		OTHER	
TOTAL		TOTAL	

REASONS FOR REFERRAL – CHECK ALL THAT APPLY

VETERAN___ EVICTION___ MENTAL DISABILITY___ PHYSICAL DISABILITY___ ADDICTION___
 FIRE___ DOMESTIC VIOLENCE___ MARITALCHANGE ___ DSS ___ INCARCERATION ___
 RELOCATION ___ PTSD ___ LOSS OF JOB ___ REFUGEE ___ HOMELESS ___ OTHER (SPECIFY) ___

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CLIENT FURNITURE REQUEST FORM - ALL ITEMS ARE BASED ON AVAILABILITY

ITEM	NEED/QUANTITY	FOR MAHF STAFF	ACCOUNTING
TWIN BED	MATTRESS / BOXSPRING SET____ FRAME____		
FULL BED	MATTRESS / BOXSPRING SET____ FRAME____		
QUEEN BED	MATTRESS / BOXSPRING SET____ FRAME____		
BED LINEN	TWIN____ FULL____ QUEEN____		
DRESSER	TALL____ LONG____		
NIGHT STAND			
SOFA OR LOVESEAT	CHOOSE ONE		
LR CHAIR			
BOOKCASE			
TV			
TV STAND			
DESK			
END TABLE			
LAMP	FLOOR____ TABLE____		
KITCHEN TABLE	SMALL____ LARGE____		
KITCHEN CHAIRS			
DISHES			
SILVER-WARE			
KITCHEN-WARE	POTS & PANS____ UTENSILS____ BOWLS____		
OTHER			
TOTAL			

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REASON FOR REFERRAL Be specific (eviction, domestic violence, loss of job, fire, addiction, veteran, homelessness, mental disability, incarceration, etc.) Note if situation is emergency or not, earliest date delivery can be scheduled.

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET.

HOW DID YOU HEAR ABOUT US _____

DELIVERY INSTRUCTIONS: ENTRY: ___ FRONT ___ BACK. WHERE TO PARK _____
STEPS TO DOOR _____ WHAT FLOOR ___ ELEVATOR ___ Y ___ N ANY SMALL HALLS OR
DOORWAYS ___ Y ___ N. DESCRIBE ANY OTHER IMPORTANT INFORMATION FOR DRIVERS

DELIVERY FEE _____

TOTAL CLIENT CONTRIBUTION _____

TOTAL AGENCY CONTRIBUTION _____

CLIENT SIGNATURE

WORKER SIGNATURE

DATE

DATE

FOR OFFICE USE ONLY: DATE RECD _____