

**Enrich Ionia**

Intake Date \_\_\_\_\_

**Community Circle Program**  
Item Request Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list **ALL** household members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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Please circle items needed

- Twin Mattress    Twin Box Spring    Twin Frame    Toddler Bed    Hospital Bed
- Full Mattress    Full Box Spring    Full Frame    Refrigerator    Gas Stove    Electric Stove
- Queen Mattress    Queen Box Spring    Queen Frame    Couch    Chair    Loveseat
- Dresser    Wash    Natural Gas Dryer    Electric Dryer    Propane Gas Dryer    Table& Chair    **Other – List**

Can you have items pick up? YES    NO    Delivery Required: YES    NO

**Please Read and Initial:**

There is a \$10.00 delivery fee on Community Circle items.  
Clients may request items once in a 6month period.  
Application must be made by person requesting assistance. Help can be provided.  
Falsification of above information will result in client being removed from the program.

Client Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

For Office Use Only