



**Community Circle Program  
Item Request Form**

Client Number _____	Intake Date _____
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PLEASE PRINT CLEARLY

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

**Please list ALL household members:**

Name APPLICANT Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

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

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

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**Please Circle Items Needed**  
(and quantity if more than one)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Twin Mattress   | <input type="checkbox"/> Queen Mattress   | <input type="checkbox"/> Dining Set<br>(1 table + 4 chairs) | <input type="checkbox"/> Refrigerator   |
| <input type="checkbox"/> Twin Box Spring | <input type="checkbox"/> Queen Box Spring | <b>or</b>   | <input type="checkbox"/> Electric Stove |
| <input type="checkbox"/> Twin Frame      | <input type="checkbox"/> Queen Frame      | <input type="checkbox"/> Table Only                         | <input type="checkbox"/> Gas Stove      |
| <input type="checkbox"/> Full Mattress   | <input type="checkbox"/> Couch            | <input type="checkbox"/> Dining Chairs                      | Natural<br>Propane                      |
| <input type="checkbox"/> Full Box Spring | <input type="checkbox"/> Chair            |   |   |
| <input type="checkbox"/> Full Frame      | <input type="checkbox"/> Loveseat         |   |   |

Other (please list):

.....  
 (When available.) **Delivery?** Yes No Deliveries will be scheduled in advance. **All deliveries must be prepaid.** If picking up your items it must be done with-in ONE week.

**Please Read and Initial:**

Clients may request items once in a 1 year period. All items are given out “as-is” without any guarantee as to working order. We will do our best to replace any large appliance that is given out that does not work, if reported within one week of receipt.

Falsification of above information will result in removal from program.

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

Boxed areas for Office use only:	DATA ENTRY		
	NEW	FILLED	CLOSED