



FURNITURE NEED REFERRAL

Please complete this form to present furniture requests to FPWC. Distribution is based on what items are available. FPWC will call you when your request can be filled. **You must be able to pick-up your items!**

Requesting Agency: _____

Caseworker: _____ Phone: _____

Reason for need: _____

FULL NAME: _____

ADDRESS: _____

PHONE: _____ #ADULT(S): ____ #CHILDREN: ____

Date of Request: _____

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

SEND TO H&H MANAGER'S EMAIL AT JESSE@IHNWC.ORG

FOR FPWC OFFICE USE ONLY

Call log: ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Date fulfilled: _____

Community service hours needed: _____

Please take note that certain high need items such as beds, washers/dryers may not be available.