

REQUEST FOR MATERIALS FORM (Effective April 1, 2008)

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PRINT CLEARLY

COMMUNITY CLEARINGHOUSE

Date

Agency Name _____ Phone _____ Fax/E-Mail _____

Worker Name _____ Client Name _____

Client Birthdate: _____ Phone _____

Address _____ City _____ Zip _____

Primary Language Spoken: _____

English Proficiency: Read: _____ Speak: _____ Understand: _____
(None, Limited, Very Good, Native)

*In order to comply with reporting requirements, the following questions **MUST** be completed before sending to the Community Clearinghouse. The form will be returned if it is not properly completed.*

- 1. Client Age Group:** (Fill out for the client signing the application)
- a. Infant (0 - 4 Yr.)
 - b. Child (5 - 9 Yr.)
 - c. Teen (10 - 19 Yr.)
 - d. Young Adult (20 - 34 Yr.)
 - e. Middle Age (35 - 55 Yr.)
 - f. Senior Citizen (56-70 Yr.)
 - g. Elderly (71 and over)

4. Total # in family: _____

- 2. Military/Federal:** (Circle one)
- a. Military (DOD)
 - b. Coast Guard (DOT)
 - c. Federal Employee
 - d. None of the above

5. Ethnicity: _____

6. Income Level: (Refer to Income Chart on Page 5)

Poverty Very Low Low

Moderate Other _____

(Attach income verification for all household members)

3. Gender: Male Female

7. Household receives TANF (welfare) Yes No

8. Household receives other financial government benefits (i.e. Food Stamps, SSI, VA, GA, etc.) Yes No

9. U.S. Citizenship: Yes No

10. Name(s), age(s), and relationship to applicant (i.e. Self, Spouse, Child, Roommate, etc.) of family members living in the same household (number of names should match total number in family above -Please attach additional pages if needed):

11. WHY IS HELP NEEDED? _____

12. LARGE ITEMS REQUESTED (ONLY ONE large item may be requested, such as beds, tables, etc.) _____

12. SMALL ITEMS REQUESTED (Basic household items or misc. items, such as chairs, linens, sheets, utensils, etc.) _____

13. CHECK THE FOLLOWING BOXES IF REQUESTING THE ITEMS BELOW:

CLOTHING DIAPERS / WIPES FOOD (CANNED GOODS) SCHOOL SUPPLIES

(Size: _____)

MONTHLY INCOME & EXPENSES VERIFICATION SHEET

INCOME SOURCES

AMOUNT:

Attach paystubs, welfare checks, etc.

DSSH / Welfare	\$ _____	<input type="checkbox"/>
Social Security	\$ _____	<input type="checkbox"/>
Veteran Assistance	\$ _____	<input type="checkbox"/>
Unemployment	\$ _____	<input type="checkbox"/>
Food Stamps	\$ _____	<input type="checkbox"/>
Section 8 / rental assistance	\$ _____	<input type="checkbox"/>
Employment	\$ _____	<input type="checkbox"/>
Other:	\$ _____	<input type="checkbox"/>

Total Income: \$ _____

EXPENSES

Housing

Rent	\$ _____
Electric	\$ _____
Gas	\$ _____
Water	\$ _____
Phone	\$ _____
Cable	\$ _____

Transportation

Car Payments	\$ _____
Car Insurance	\$ _____
Gas, maintenance	\$ _____
Bus fare / pass	\$ _____
Other	\$ _____

Household Necessities

Food	\$ _____
Toiletries	\$ _____
Other	\$ _____

Medical

Doctor	\$ _____
Dentist	\$ _____
Medicine	\$ _____

Total Expenses \$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSES (minus) \$ _____

Balance: \$ _____

ASSETS (i.e. Savings Accounts, Stocks, Bonds, Cash value of life insurance, and Certificates of Deposit):

Does the applicant's household have over \$5,000 in assets*?

YES NO

** Assets do not include motor vehicles used for personal transportation, the home in which the applicant resides, or day to day living items, such as appliance, furniture, etc.*

PLEASE REMEMBER TO ATTACH INCOME VERIFICATION TO THE APPLICATION. THE APPLICATION WILL NOT BE PROCESSED IF INCOME VERIFICATION IS NOT ATTACHED!

**Client's Acknowledgement of Policies & Procedures for
Requesting Material Items from the COMMUNITY CLEARINGHOUSE**

1. **Client must go through a registered caseworker or agency representative** for assistance in acquiring material items from the Community Clearinghouse. Caseworker is responsible for verifying the situation & need of each client.
2. **Caseworker fills out and reviews all 3 pages** of the Community Clearinghouse **Request for Material Form with their client**, makes a copy of all 3 pages, which is given to the client. Forms not filled in completely and signed by caseworker and client will be returned to the caseworker. Caseworker will then FAX 3 pages of request form to the Community Clearinghouse (536-7236). Client must allow the Clearinghouse 1 day (24 hours) to process their request form, and may call the next day to schedule an appointment.
3. The client /or caseworker **must schedule an appointment by calling 440-3800**. The faxed copy will be matched with the client's copy upon their arrival at the Community Clearinghouse warehouse. Client must bring all 3 pages of the Request for Material Form.
4. **Clients will be referred back to their caseworker:**
 - If client **wants to add-on any additional item** not listed on their original request form.
 - If there is more than one agency requesting materials for the same client. Client needs to **designate only one agency** as their primary agent to request items on their behalf.
 - If there is **more than one request form per household/address**. We **DO NOT make exceptions for multi-family households**.
 - **If the agency is not a registered agency** of the Community Clearinghouse program.
 - **In cases of** attempts to alter request form, threats of violence, attempts to take goods not appropriated, and disorderly conduct. In these cases, client and their guest(s) will be asked to leave the premises and will be suspended from services indefinitely.
5. **IMPORTANT REMINDERS:**
 - Material items requested (new or slightly used) shall be taken by the client and/or authorized agency representative in "**as is condition**" and **cannot be returned or substituted**.
 - Due to limited stock on hand **there is no guarantee materials requested will be available** at the time of their appointment. Clients requesting large items **MUST call 2 hours ahead (warehouse # 440-3862)** on the day of their appointment or the day before (at 4:00 p.m.) if their appointment is before 10:30 the next morning to find out status of warehouse inventory.
 - If the majority of items requested are not available client can elect to reschedule their appointment to the next available date & time. A client will be **suspended** from the Community Clearinghouse program **for 30 days** if there is a "**no show**" for any reason other than **requested items not being available**.
 - The Community Clearinghouse **staff will select the large item** which is indicated on the request form. Only 1 large item may be requested. Due to low inventory, this allows us to help as many people as possible. Large items include: beds, dressers, tables, chairs, sofas, shelves, stoves, refrigerators, washing machines and dryers.

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Client's Acknowledgement of Policies & Procedures Continued . . .

- The Community Clearinghouse Staff reserves the right to refuse services to any client.
- Client must remove all items at the time of their appointment. Items left behind will be redistributed back into the general inventory.
- Client should report to the Community Clearinghouse ON TIME for their appointment. Clients are given 30-minute appointments. Late clients will only be given the remaining time. If a client does not show up for their appointment, their request form will be discarded, and the caseworker will have to submit a new form, but client must wait 30 days before rescheduling an appointment.
- A Client with a scheduled appointment must check-in and be escorted through our warehouse. Client's guest(s) are not allowed in the warehouse. Guest(s) will be asked to stay outside. We will make exceptions for clients needing a translator or a medical condition that requires assistance.
- Due to the traffic flow on the premises and for safety reasons, please do not bring children to the warehouse. The warehouse is a dangerous area with cars and large items being moved. Clients will be asked to keep children in their vehicle (with adult supervision).
- No public restroom available.
- Clients are limited to only one visit per month or 30 days from last appointment date whichever is closer.
- Clients are limited to only 6 visits in a 12-month cycle.
- All clients are responsible for loading their own vehicle. The warehouse workers do not provide assistance to load vehicles.
- **THINGS TO BRING TO APPOINTMENT: (1) Request for Material Form (all 3 pages); (2) Picture Identification (this ensures we are giving the correct items to the person who requested them.) Only the person named on the form is allowed in the warehouse; and (3) if requesting large items, ropes, bungee cords, etc. to tie down any items to their vehicle. The warehouse does not keep a supply.**

I acknowledge that I have read and understand all of the policies and procedures of the Community Clearinghouse. I understand that failure to abide by these policies and procedures will result in my loss of privileges and indefinite suspension of services from the Community Clearinghouse. By signing below, I certify that all information provided on this application is true, accurate, and complete to the best of my knowledge. I understand that my application will be denied if I have provided any false information, or if my application is not complete.

Client's Name (Print)

/

Client's Signature & Date

Agency Representative Name (Print)

/

Agency Representative Signature & Date

NOTE: All "Request for Materials" forms will be held for a period of 30-days only. If an appointment is not scheduled within 30-days, the client must re-submit their request to the Community Clearinghouse.