

# Home Resource Program Referral Form



## Families and Communities Together F.A.C.T.

#4 Melgrove Lane  
Hannibal, MO 63401  
Phone: (573) 221-  
2285  
FAX: (573) 221-1606  
Email:  
ceo@mcfact.org  
www.mcfact.org

\*Rebuild

\*Revive

\*Restore

### Mission

#### Statement:

*F.A.C.T. collaborates  
with people in our  
community to develop  
and build stronger, more  
successful families and  
children.*

Date: \_\_\_\_\_

Voucher # \_\_\_\_\_

**THIS FORM IS INTENDED FOR CASE WORK USE. PLEASE FILL OUT FOR YOUR CLIENT.**

**Referring Agencies:** Meet with the client and complete this form with them while assessing their most critical needs. We will only accept referrals through Email, FAX or Snail Mail from the referring agency. Our office will contact the client when the referral has been processed and items are ready to be picked up. The client will sign the form when they pick the items up.

**Client Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Street Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Number of persons living in the home:** \_\_\_\_\_

**Ages/sex of children in household:** \_\_\_\_\_

**Type of need (circle one):** *Youth/Education Health/Welfare Financial Stability  
Disabled Services*

**How was need determined? What life event has caused this need?** i.e. lost home to fire, moving from shelter, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Signature of authorized referring agent:** \_\_\_\_\_

**FACT Authorized Signature:** \_\_\_\_\_

Clients will sign this form when items are picked up.

- **All donations are intended for the personal use of the recipient and can not be traded, sold or redeemed for any cash amount.**

**Recipient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# F.A.C.T. Home Resource Program

Please list **ONLY** the most critical items needed.

**THIS FORM IS INTENDED FOR CASE WORK USE. PLEASE FILL OUT FOR YOUR CLIENT.**

Our Home Resource Program may or may not have these items. This tool is intended for your convenience when compiling a list of items with your client.

## Bedding:

Comforter/Blanket— Circle Size

Twin age/sex \_\_\_\_\_  
Full age/sex \_\_\_\_\_  
Queen age/sex \_\_\_\_\_  
King age/sex \_\_\_\_\_

Sheet Set—Circle Size

Twin age/sex \_\_\_\_\_  
Full age/sex \_\_\_\_\_  
Queen age/sex \_\_\_\_\_  
King age/sex \_\_\_\_\_

Mattress Pad/Water Proof Covers

Circle Size

Twin Full Queen King

## Bathroom/Personal Care:

---

---

---

---

---

## Kitchen/Pantry:

---

---

---

---

---

## Household/Living Area:

---

---

---

---

---

## Miscellaneous Supplies:

---

---

---

---

---

## Bedroom

---

---

---

---

---

## List of other critical items needed :

Note, we never have furniture or appliances

---

---

---

---

---

## Additional Items Received by Client:

(For F.A.C.T. Use Only)

---

---

---

---

---

---

---

---

Requests for donations are filled in a fair and impartial manner. Our household items are donated from retail stores and may be chipped, flawed, or broken.

Please understand that our inventory changes weekly and we cannot guarantee that all requests will be met.

We will strive to assist each consumer to the best of our capability. F.A.C.T. is not liable for the results of any donated product.