

# Home Resource Program Referral Form



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

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\*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 client. Assess most critical needs. Complete form for them. Referrals only accepted from Agencies. Client will be contacted when items are ready to be picked up.

### Client Info (PRINT):

Name \_\_\_\_\_

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

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

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

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

Ages & Genders of children in household: \_\_\_\_\_

**Type of need (circle one):** *Education Financial Stability Healthy Lives*

**How was need determined? What life event has caused the need? Be Specific**

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

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

Agency Phone # \_\_\_\_\_

Referring Agent's Email \_\_\_\_\_

Referring Agent's Name (PRINT) \_\_\_\_\_

Referring Agent's Signature \_\_\_\_\_

**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 sold, traded, bartered put in an auction or returned to store.**

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..

### 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:

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### Kitchen/Pantry:

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### Household/Living Area:

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### Miscellaneous Supplies:

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### Bedroom

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### List of other critical items needed :

Note, we never have furniture or appliances

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### Additional Items Received by Client:

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

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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 person to the best of our capability. F.A.C.T. is not liable for the results of any donated item.