

VINEYARD COLUMBUS — TRANSITIONS —

Resource Application Form

Vineyard Columbus 6000 Cooper Rd. Westerville Ohio 43081

transitions@vineyardcolumbus.org / 614-259-5421

Referring Agency: _____

Agency Contact: _____

Contact Info: _____

Date of Referral: _____ *Applications without required information will be delayed.

APPLICANT INFORMATION

*denotes Required field

*Name(s): _____

Contact Phone#: _____ *Birthdate of Applicant _____

(New) Home Address: _____

*Street (Required)

City

State

*Zip Code (Required)

Email: _____

*Move-in Date (Actual/Est.): _____ Country of Origin: _____ Veteran: Y / N

*Number of Adults in Household: M _____ F _____ *Number of Children in Household: M _____ F _____

*Ages of Children in household: M _____ F _____

*Circumstances and relevant date surrounding recent transition to permanent housing:

Refugee Resettlement: Y / N _____

Period of Incarceration: Y / N _____

Period of Homelessness: Y / N _____

Human Trafficking: Y / N _____

Domestic Violence: Y / N _____

Other: _____

Able to pick up household items at Vineyard Columbus: YES / NO

If No, does client want Transitions' volunteers to drop-off items at home address? YES / NO

Please allow 2 weeks for deliveries

Notes:

Household Items Request List

After consulting with client(s) regarding household needs, please develop the list of items needed and quantity requested. Item quantities are limited to the number of individuals living in the home and subject to availability. *For all items, please note requested quantities.

Bedroom items: (all bedding is new)

Sets of Sheets: Twin: _____ Full: _____ Queen: _____ King: _____
(Pillow cases are included in sheet sets)

Blankets: Twin: _____ Full: _____ Queen: _____ King: _____

Pillows (One per Person): _____

Bathroom items:

Bath Towels & Wash Cloths: _____

Shower Curtain, Shower Liner and Hooks: _____ (1 set per household)

Toiletry Kit (One per Household)

Soap, Shampoo, & Tooth brush, Toothpaste and Toothbrush: _____

Toilet Plunger: _____

Toilet brush: _____

Kitchen Items:

Plates, Bowls & Mugs (set of __): _____ Silverware (set of __): _____

Pots & Pans (set or Individual): _____ Serving Dish: _____ (1 per household)

Basic Kitchen Knives: _____

Can Opener: _____

Dish Cloths & Towels (set): _____ Utensils: (set) _____ Glasses: _____

Office Use:

Date Reviewed: _____ Reviewer: _____

Review with referring Agent: Y / N _____ Notes: _____

Review with Applicant: Y / N Notes: _____

Approved: Y/N Partial/Full PKU/DEL Date: _____ Exchange Assigned: _____

Notes: _____