

Referring Agency: _____
Agency Contact: _____
Contact Info: _____
Date of Referral: _____

APPLICANT INFORMATION

Name(s): _____

Contact Phone#: _____

(New) Home Address: _____
Street City State Zip Code

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

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: _____

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: _____

Basic Kitchen Knives: _____ Can Opener: _____

Dish Cloths & Towels: _____ 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: _____