

Furniture Assistance Program Application Form

Eligibility: Participants of Chicago PSH programs who

- 1) were referred for housing through the Coordinated Entry System;
- 2) had experienced chronic homelessness prior to being housed; and
- 3) moved into housing on October 1, 2017 or later.

IMPORTANT:

- Please send all requests in an encrypted email to furniture@housingforhealth.org or you can fax requests to (312) 784-9050, attn.: Svetlana Zhexembeyeva.
- Only full applications will be reviewed so please submit the following documentation:
 - a. Fully completed Furniture Assistance Program Application Form
 - b. Proof that Applicant was matched through CES (**email from Catholic Charities with referral information**).
 - c. Proof that Applicant was housed on October 1st or later (**Valid lease**)
- Applicant must have a lease and be in possession of unit/keys prior to submitting a furniture assistance application. Please also keep in mind the apartment size when requesting furniture.
- Center for Housing and Health will review requests within 3 business days.
- If approved, Center for Housing and Health will notify Case Manager via email. Vendor has 5 business days to contact client from date approval faxed.
- Furniture Assistance Program requests are processed on first come, first served basis until funds are exhausted. Vendor will process a maximum of ten furniture requests per week so a waiting list will be created. If Applicant is placed on the waiting list, Case Manager will be notified.

Furniture Assistance Program Application Form

DATE: _____

I. CASE MANAGER INFORMATION:

Name: _____

Agency: _____

Housing Program: _____

Phone Number: _____

Email _____

II. CLIENT INFORMATION:

HMIS ID# _____

Name: _____

Address: _____ Unit #: _____

City: _____ Zip Code: _____

Bedroom Size: _____

Phone number: _____

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III. FURNITURE OPTIONS – *Please check all that apply and please note that no substitutions can be made. Delivery is included.*

☐ **Dinette Set (table and 4 chairs)**

☐ **Dresser (5 drawers)**

☐ **Love Seat (2 seater)**

☐ **Queen Bed**

- | | | | |
|--------------------------------------|----------|----|----------------|
| ○ Circle Mattress Option: | Firm Bed | OR | Pillow Top Bed |
| ○ Circle Comforter Color Preference: | Dark | OR | Light |

☐ **Full Bed** (includes 2 pillows comforter set and rails)

- | | | | |
|--------------------------------------|----------|----|----------------|
| ○ Circle Mattress Option: | Firm Bed | OR | Pillow Top Bed |
| ○ Circle Comforter Color Preference: | Dark | OR | Light |

☐ **Twin Bed** (includes 1 pillow comforter set and rails)

- | | | | |
|--------------------------------------|----------|----|----------------|
| ○ Circle Mattress Option: | Firm Bed | OR | Pillow Top Bed |
| ○ Circle Comforter Color Preference: | Dark | OR | Light |

☐ **Baby Crib** (includes fire retardant mattress, no bedding)

CHH USE ONLY:

DATE RECEIVED: _____

DATE FAXED: _____

AMOUNT APPROVED: _____

SPECIAL NOTES FOR VENDOR: _____

APPROVED BY: _____

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IV. PSH PROGRAM ENROLLMENT LETTER

This letter is to confirm that participant _____
(Name)
is enrolled in _____'s supportive housing
(Agency Name)
program _____, which provides permanent
(Program Name)
housing for people who are chronically homeless.

Case manager name _____

Case manager signature _____ Date: _____

Supervisor Name _____

Supervisor signature _____ Date: _____



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CONSENT TO RELEASE INFORMATION

I authorize _____ (PSH agency) and the Center for Housing and Health to release my name, address and telephone number to New Age Chicago Furniture, 4238 S. Cottage Grove, Chicago, IL 60653 for the purpose of delivering furniture requested through the Furniture Assistance Program to my unit.

This consent is only valid until the furniture is delivered and the bed set-up is completed.

I understand that I may revoke this consent at any time. Also, I am aware that if I revoke this consent, I will not receive furniture through the Center for Housing and Health's Furniture Assistance Program with New Age Chicago Furniture.

Applicant Name _____

Applicant Signature _____ Date _____

Case Manager Name _____

Case Manager Signature _____ Date _____