



Fresh Start Furniture Program Referral Form

Agency Partners: Please submit completed referral forms by email to info@foundinfaithMD.org
For questions regarding referrals, please call 443-519-2464, ext. 6

Date: _____ Referred by: _____ Agency Code: _____

Applicant Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Check one that applies: Renter Homeowner Homeless Other

Check one that applies: Apartment Townhouse Single Family Home Mobile Home

Do you receive reduced rent though help from HUD or Subsidized Housing (Section 8) Yes No

Total number of Household members: _____ Gross monthly Household income: _____

Have you applied/received items through FiFM before? Yes No If YES, when? _____

Please fill out for each family member in the household

- Use the following choices for "RACE":
- | | |
|-----------------------------------|--------------------------------------|
| 1. American Indian/Alaskan Native | 5. Native Hawaiian/ Pacific Islander |
| 2. Asian | 6. Other |
| 3. Black/African American | 7. White/Caucasian |
| 4. Multi-Race | |

Applicant: _____ DOB: _____

Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____ Hispanic/Latino Y/N: _____

Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
 Student Military Retired Unemployed and looking Unemployed, not looking Unable to work

Family Member 2: _____ Relationship: _____

DOB: _____ Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____

Hispanic/Latino Y/N: _____ Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
 Student Military Retired Unemployed and looking Unemployed, not looking Unable to work



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Family Member 3: _____ Relationship: _____

DOB: _____ Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____

Hispanic/Latino Y/N: _____ Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
 Student Military Retired Unemployed and looking Unemployed, not looking Unable to work

Family Member 4: _____ Relationship: _____

DOB: _____ Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____

Hispanic/Latino Y/N: _____ Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
 Student Military Retired Unemployed and looking Unemployed, not looking Unable to work

Family Member 5: _____ Relationship: _____

DOB: _____ Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____

Hispanic/Latino Y/N: _____ Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
 Student Military Retired Unemployed and looking Unemployed, not looking Unable to work

Family Member 6: _____ Relationship: _____

DOB: _____ Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____

Hispanic/Latino Y/N: _____ Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
 Student Military Retired Unemployed and looking Unemployed, not looking Unable to work

Family Member 7: _____ Relationship: _____

DOB: _____ Age: _____ Sex M/F: _____ Race Code: _____ Marital Status: _____

Hispanic/Latino Y/N: _____ Citizen Y/N: _____ Veteran Y/N: _____ Disabled Y/N: _____ Highest Level of Education: _____

Employment Status: Employed, full-time Employed, part-time Self-employed Homemaker
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Fresh Start Furniture Program Referral Form

Furniture	Household Items
Quantity:	Quantity:
<input type="text"/> Toddler Bed Set	<input type="text"/> Small Appliances (microwave, toaster oven, coffee pot, etc.)
<input type="text"/> Bed Frame T F Q	<input type="text"/> Kitchenware (pots, pans, bakeware)
<input type="text"/> Headboard/Foot board: T F Q	<input type="text"/> Serving Dishes (plates, bowls, platters)
<input type="text"/> Mattress: T F Q	<input type="text"/> Drink-ware (glassware, mugs, etc.)
<input type="text"/> Box Spring: T F Q	<input type="text"/> Kitchen Utensils (silverware, spatulas, measuring cups, etc.)
<input type="text"/> Bunk Beds (with mattresses only)	<input type="text"/> Kitchen Linens (tablecloth, dish cloths)
<input type="text"/> Dresser (no mirror or hutch/shelf unit)	<input type="text"/> Bathroom Items (shower curtain, soap dish, toothbrush holder)
<input type="text"/> Night Stand	<input type="text"/> Bathroom Linens (bath towels, hand towels, washcloths)
<input type="text"/> Dining Table – with chairs? Yes No	<input type="text"/> Bedroom Linens (blankets, sheets, comforter, pillows)
<input type="text"/> Sofa	<input type="text"/> Mattress pad (please circle): T F Q
<input type="text"/> Sofabed	<input type="text"/> Home Décor (wall hangings, frames, etc.)
<input type="text"/> Loveseat	<input type="text"/> Rugs (area, entry, bathroom)
<input type="text"/> Coffee table	<input type="text"/> TV – Up to 42"
<input type="text"/> End table	<input type="text"/> Lamps- with shade (please circle): Floor Table Desk/Reading
<input type="text"/> Chair-Upholstered	<input type="text"/> Other _____
<input type="text"/> Chair- not upholstered	<input type="text"/> Other _____
<input type="text"/> Desk	<input type="text"/> Other _____
<input type="text"/> TV Stand	<input type="text"/> Other _____
<input type="text"/> Bookshelf	<input type="text"/> Other _____
<input type="text"/> Other _____	<input type="text"/> Other _____
<input type="text"/> Other _____	<input type="text"/> Other _____
<input type="text"/> Other _____	<input type="text"/> Other _____
<input type="text"/> Other _____	<input type="text"/> Other _____