RENESTING PROJECT, INC.
CLIENT APPLICATION

DECLARATION OF NEED

Renesting Case #

Client Name: _____

Renesting Project, Inc. is a nonprofit furniture bank whose mission is to gather & distribute gently used furniture & household items to those in need in Northwest Louisiana. Requested items will be provided based on availability and appropriateness. **I understand that Renesting cannot fulfill all requests.** _____ *Please initial.*

ELIGIBILITY STATEMENT: I am seeking assistance and meet one or more of the following requirements:

1. Client **must** initial a statement in either "**1a"** or "**1b"** to be eligible for our services.
   a. **One of the following statements was true about my previous housing:**
   _____ **I was** in a primary nighttime residence that is a supervised publicly or privately-operated shelter designed to provide temporary living accommodations
   _____ **I was** in an institution/hospital/home that provides temporary residence for individuals intended to be institutionalized
   _____ **I had** a public or private place not designed for, or ordinarily used as, regular, long-term sleeping accommodation for human beings (i.e. my car, a tent, etc.)
   _____ **I had** permanent housing & furniture but lost it due to: _____*****
   _____ **I had** temporary living arrangements (i.e. Couch surfing) Please explain:

   b. I am at risk of becoming homeless and one or more of the following statements is true about me:
   _____ I have fled a domestic violence situation within the last year
   _____ I was displaced by a natural disaster within the last year
   _____ I am an honorably discharged veteran
   _____ I am over 65
   _____ I am a refugee

2. Client **must** initial one of the following statements.
   I am transitioning into permanent housing, can pay rent, utilities, and:
   _____ do not receive supportive services. (not including disability, unemployment, or social security)
   _____ receive supportive services. Including:

I authorize the below representative to share my identifying & non-confidential service information with Renesting Project. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize the participating organization to share my dependents' identifying & non-confidential service transactions/ information with Renesting Project. Finally, I am signing to confirm that I am requesting services in good faith, do not have the items nor the means to obtain the items I am requesting – to which the below representative can also attest.

Client Signature: _____ Date: _____

Representative Signature: _____ Date: _____

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CLIENT INFORMATION *(print clearly, no cursive)*

Date Received:

Renesting Case #

1) PARTNER AGENCY: _____

CLIENT NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **PHONE:** _____

DOB: ____/____/____ **GENDER:** ____ **AGE:** ____ **LAST 4 OF SSN:** _____ **PETS:** _____

LIST OTHER HOUSEHOLD MEMBERS

(gender/age, ONLY): [i.e.: F/29, M/5] _____

2) Check all that apply to the applicant named above:

- ○ is an honorably discharged veteran
- ○ has physically or mentally disabled
- ○ has minor children living in the dwelling
- ○ has been homeless in the last 12 months
- ○ is employed or employable (looking for work)
- ○ is over 65 with disabilities
- ○ is a domestic violence survivor
- ○ is a refugee

3a) How has eligibility been documented? What is on file?

Check all that apply, must mark at least one:

- ○ Third party verification (HMIS, CareWare, or written referral/certification by another housing or service provider)
- ○ Written observation by an outreach worker
- ○ Eviction notice
- ○ Discharge paperwork or referral from an institution
- ○ ***Documents pertaining to reason listed on page 1 (please list):

3b) Supporting documentation (must mark at least one)

- ○ Proof of income (including supplemental)
- ○ Photo ID

I verify that I have documented the above person's eligibility. I verify that this individual is being assisted by my organization.

_____

REGISTERED AGENCY REPRESENTATIVE SIGN & DATE

4) Service Type

- ○ Pick up (*see box 6*)
- ○ Delivery (*requires site visit)*
- ○ Renest (*delivery + set up)*

5) Dwelling Info

TYPE:

- ○ Efficiency/Studio
- ○ Apartment
- ○ House

 # OF BEDROOMS: _____

 # OF BATHROOMS: _____

ACCESS TO DWELLING:

- ○ On ground floor
- ○ Has stairs
- ○ Has an elevator

APPLIANCES IN DWELLING:

- ○ Dishwasher? _____
- ○ Stove? _____
- ○ Oven? _____
- ○ Fridge? _____

6) Pickup Info

Vehicle type loading furniture:

- ○ _____

# of people helping load:

- ○ _____

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NEEDS LIST

Renesting Case #

Client's Name:
Total number of people in household:

Check the items & quantity you need. Let us know items you already have (i.e. "have a table, need chairs").

Furniture & Accessories

- ☐ Dining Table
- ☐ Dining Chairs
- ☐ Sofa / Loveseat
- ☐ Upholstered Easy Chair
- ☐ Coffee Table
- ☐ End Table(s)
- ☐ TV stand

- ☐ **Mattresses & Boxsprings**
  Quantity _____
  Size(s) _____
- ☐ **Bed Frames**
  Quantity _____
  Size(s) _____

- ☐ Dresser(s)
- ☐ Nightstand(s)
- ☐ Desk
- ☐ Lamps
- ☐ Pictures / Mirrors for wall
- ☐ Curtains
  # of windows: ____
  We cannot promise curtains for all windows.

Kits (see last page)

Linens:

- ☐ Bath Linens
- ☐ **Bed Linens**
  Quantity _____
  Size(s) _____

Kitchen:

- ☐ Efficiency box *(for solo living)*

OR

- ☐ Eating
- ☐ Drinking
- ☐ Utensils
- ☐ Prep
- ☐ Cooking
- ☐ Kitchen Misc.

Household:

- ☐ Laundry Kit
- ☐ Cleaning Kit
- ☐ Personal Hygiene Kit
- ☐ Décor Box

Miscellaneous

Small appliances:

- ☐ Alarm Clock/Radio
- ☐ Crock Pot
- ☐ Blender
- ☐ Mixer
- ☐ Air fryer
- ☐ Toaster
- ☐ Coffee Maker
- ☐ Fan

Misc. Items:

- ☐ Rug
- ☐ Suitcase
- ☐ Ironing Board
- ☐ Vacuum Cleaner
- ☐ Microwave
- ☐ TV

Special requests:

- ☐ Starter kit *(agency rep. schedules & picks up)*
- ☐ Other *please list any additional requests on the following page!*

I understand that the items I receive are used & will be preselected for me. I confirm that I do not already possess the items I am requesting. I confirm this is my first time receive Renesting's services.

_____

CLIENT SIGN & DATE

I verify that the above individual is being served by my organization and is otherwise unable to provide the requested items for themselves. I verify that I have discussed Renesting's policies and procedures with my client.

_____

REGISTERED AGENCY REPRESENTATIVE SIGN & DATE

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ADDITIONAL INFORMATION

Renesting Case #

Client Name: _____

Use this page to tell us anything that could help us provide you with the best service possible. Your favorite colors, art styles, your family members' favorite TV shows; tell us your hobbies, your hopes for your dwelling; tell us about your story or what this service is going to help you accomplish. What kind of books do you like? Do you like board games? Puzzles? Tell us anything you think is important for us to know!

Renesting Project will use the above information to pull items from our inventory that we think will be a good fit for you and your family. We may use quotes from this page in public messaging but any and all identifying information will be removed or concealed. We do not and will not share any confidential or identifying information with the public.

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NEEDS LIST LEGEND

Use this legend to request the kits you need on the NEEDS LIST page**.**
Do not write on this page. We do not keep this page and will not use it.
Please remember all items are subject to availability.

Linens

Bed Linens
- Throw blanket
- Sheet sets (2)
- Blanket, quilt, or comforter
- New bed pillow

Bath Linens
- Shower curtain, liner, & rings
- Bath towels, hand towels, & wash cloths (2 each)
- Bath rug

Household Items

Laundry Kit
- Laundry basket
- Iron
- Detergent Pods
- Small sewing kit
- Hangers

Cleaning Kit
- Kitchen trash can & liners
- Bath trash can & liners
- Dish soap
- Cleaners (bleach, multipurpose)
- Sponges
- Paper towels
- Dust pan
- Light bulbs
- Broom & mop
- Toilet paper

Personal Hygiene Kit

NEW ITEMS ONLY – 1 EACH
- Basic: shampoo, conditioner, body soap, lotion, & deodorant
- Other: razor, shave gel, grooming supplies
- Dental: toothbrush/paste, mouthwash, & floss
- First Aid: Band-Aids, antiseptic cream, nail clippers

Efficiency
- Glasses (4)
- Mugs (4)
- Dinner plates (4)
- Salad plates (4)
- Bowls (4)
- S & P shaker set
- Forks, spoons, knives (4 each)
- Pitcher
- Can opener
- Utensil caddy
- Assorted basic utensils
- Kitchen knives
- Mixing bowls
- Measuring cups & spoons
- Skillet & pot
- Cake pan or cookie sheet
- Plastic food storage set
- Ice tray (2)
- Dish towels & hot pads

Kitchen Items

Eating
- Dinner & salad plates (4 each)
- Bowls (4)
- Silverware bundle
- S & P shaker set
- Serving bowl & plate

Drinking
- Glasses (4 tall & 4 short)
- Mugs (4)
- Pitcher

Utensils
- Knife bundle
- Kitchen scissors
- Grater & peeler
- Assortment of cooking utensils
- Can opener
- Utensil caddy

Cooking
- Cookie sheet
- Pots & pans with lids
- Pyrex cooking dishes
- Skillet

Prep
- Colander
- Cutting board
- Mixing bowls
- Measuring cups & spoons
- Kitchen canister set

Kitchen Misc.
- Food storage set
- Ice trays (2)
- Dish towel & hot pads
- Sandwich & freezer bags
- Foil & plastic wrap

Don't send this page to Renesting; we just shred it. It's a tool for you to use.