

RENESTING PROJECT, INC.

CLIENT APPLICATION

DECLARATION OF NEED

Renesting Case

#

Client Name: _____

SERVICES OFFERED: Renesting Project, Inc. is an outreach organization whose mission is to gather gently used furniture and household items for individuals or families transitioning from homelessness into permanent housing or that are at risk of becoming homeless to improve their quality of life. Requested items from the needs list will be provided based on availability and appropriateness. We cannot promise to fill all requests.

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

- Client must initial one statement in either “**1a**” or “**1b**” to be eligible for our services.
 - **I have been homeless within the last 6 months** and am transitioning into permanent housing. One of the following statements is/was true about me:
 - _____ **I have** a primary nighttime residence that is a supervised publicly or privately-operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, transitional housing)
 - _____ **I have** an institution that provides a temporary residence for individuals intended to be institutionalized
 - _____ **I have** a public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings.
 - _____ **I have** temporary living arrangements. Please explain:
 - **I am at risk of becoming homeless**, I do not possess more than 3 pieces of furniture and I meet one or more of the following statements is true about me:
 - _____ I have fled a domestic violence situation within the last 6 months
 - _____ I am an honorably discharged veteran
 - _____ I am over 65 and disabled
 - Client must initial one of the following statements.
 - I can pay rent, utilities and am in or moving into:**
 - _____ Permanent housing and am SELF SUPPORTIVE
 - _____ Permanent housing with supportive services.Please explain:
 - I authorize the representative, signed below, to share my identifying, and non-confidential service transactions/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, as a Renesting Project Agency Partner, to share my dependents’ identifying and non-confidential service transactions/information with Renesting Project.

Client Signature: _____ Date: _____

Representative Signature: _____ Date: _____

RENESTING PROJECT, INC.

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CLIENT INFORMATION

1) PARTNER AGENCY: _____ CLIENT NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____ PHONE: _____ DOB: ____ / ____ / ____ GENDER / AGE: ____ / ____ RACE: _____ LAST 4 OF SSN: _____ <i>(Optional)</i> LIST ALL OTHER HOUSEHOLD MEMBERS (gender / age, ONLY): [i.e.: F/29, M/5] _____	Date Received: Renesting Case # # _____
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2) Check all that apply:
Applicant is/has:

- an honorably discharged veteran
- physically or mentally disabled
- minor children living w/them
- been homeless for more than 6 months in the last 12 months
- employable
- over 65 with disabilities
- Domestic Violence Survivor

4) Service Type

- Pick up (see box 6)
- Delivery (requires site visit)

3a) How has eligibility been documented?
Check all that apply:

- 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
- Other (please explain): _____

3b) Supporting documentation on file (with Partner Agency)

- Employment record
- Proof of supplemental income
- Photo ID

5) Dwelling info
TYPE:

- Efficiency (1 room)
- Apartment (3+ rooms)
- House

OF BEDROOMS: _____

OF BATHROOMS: _____

ACCESS TO DWELLING:

- On ground floor
- Has stairs
- Has elevator

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

REGISTERED AGENCY REPRESENTATIVE **SIGN & DATE**

Pickup Info
Vehicle:

- Moving truck (U-Haul)
- Pickup truck
- Pickup truck with Trailer

Loading:
of helpers/ loaders coming to assist client: _____

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NEEDS LIST

Client's Name:

Total number of people in household:

Renesting Case

#

Please circle the items you need and make note of items you may already have (i.e. "have a Q frame, only need mattress"). Feel free to note favorite colors, styles, or other things that may help us as we select items for you.

Furniture and accessories:

- Dining Table
- Dining Chairs
- Sofa/ Loveseat/ Futon
- Upholstered Easy Chair
- Coffee Table
- End Table
- Armoire / TV stand
- Mattresses & Frames
(Circle preferred size)
 - Bed #1, size: T / F / Q
 - Bed #2, size: T / F / Q
 - Bed #3, size: T / F / Q
- Chest of drawers
- Dresser
- Night Stand
- Desk
- Lamps
- Pictures for Wall
- Mirrors for wall
- Curtains

Linens:

- Bed Linens
(Circle preferred size)
 - Bed #1, size: T / F / Q
 - Bed #2, size: T / F / Q
 - Bed #3, size: T / F / Q
- Bath Linens

Kitchen Kits:

- Efficiency box (1 person)

OR

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

Household Kits:

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

Small appliances:

- DVD Player
- Alarm Clock/Radio
- Crock Pot
- Toaster
- Coffee Maker
- Fan

Misc. Items:

- Rug
- Suit case
- Ironing Board
- Vacuum Cleaner
- Microwave
- TV

Special request:

- Starter kit
- Other:

I understand that the items I will receive are used and will be preselected for me and I accept them as is. I confirm that I do not already possess any like items and that I have never received Renesting Project services.

CLIENT SIGN & DATE

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

REGISTERED AGENCY REPRESENTATIVE SIGN & DATE

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NEEDS LIST LEGEND

The following are legends of what each kit or box contains.

Use this legend to make sure you're requesting exactly what you need.

*Please remember all items are subject to availability.

Linens

Bed Linens

- Throw blanket
- Mattress pad
- 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
- Small sewing kit
- Hangers

Cleaning Kit

- Kitchen trash can & liners
- Bath trash can & liners
- Dish soap
- Cleaners (bleach, multipurpose, glass)
- 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
- Sugar bowl
- Serving bowl & plate

Drinking

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

Utensils

- Knife bundle
- Kitchen scissors
- Grater & peeler
- Assortment of cooking utensils (spoons, spatula, tongs, etc.)
- 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

(Do not return a copy of this page to Renesting)