



Clothing and Furniture Referral Form

Please email form to [jdemarco@sundaybreakfast.org](mailto:jdemarco@sundaybreakfast.org) OR fax to 215-922-5744

**Referral Source:**

Agency \_\_\_\_\_ Caseworker \_\_\_\_\_ Phone \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_ Phone \_\_\_\_\_

**Client Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_

We would like to request that clients ask only for things that they do not have. We would also like to let clients know that we do not always have all of the items that are listed. Please indicate the number of items needed. If none are needed, please leave blank.

**Bedroom:**

Baby Bed/Crib \_\_\_\_\_ Twin \_\_\_\_\_ Full \_\_\_\_\_ Queen \_\_\_\_\_ King \_\_\_\_\_ Bunk \_\_\_\_\_

Bed Frame \_\_\_\_\_ \*If needed, what size(s)? \_\_\_\_\_ Nightstand \_\_\_\_\_

Dresser with or without Mirror \_\_\_\_\_ Chest of Drawers \_\_\_\_\_

**Living Room:**

Sofa \_\_\_\_\_ Loveseat \_\_\_\_\_ Chair \_\_\_\_\_ Coffee Table \_\_\_\_\_ End Table \_\_\_\_\_

**Dining Room:**

Dining/Kitchen Table \_\_\_\_\_ Dining/Kitchen Chairs \_\_\_\_\_

**Household Items:**

Lamp(s) \_\_\_\_\_ Dishes \_\_\_\_\_ Eating Utensils \_\_\_\_\_ Cooking Utensils \_\_\_\_\_ Glasses \_\_\_\_\_

Pots/Pans \_\_\_\_\_ Plastic Storage Containers \_\_\_\_\_

**Linens**

Sheet Set \_\_\_\_\_ \*If needed, what size(s)? \_\_\_\_\_ Blanket(s) \_\_\_\_\_

Comforter \_\_\_\_\_ \*If needed, what size(s)? \_\_\_\_\_ Towel(s) \_\_\_\_\_

**Other:** \_\_\_\_\_

**Clothing: (The following are the items that can be received per person.)**

Coat: 1      Pair of Boots or Shoes: 1      Shirts: 3      Pants: 3      Sweaters: 3

Pajama Item: 1      Belt: 1      Pair of Socks: 2      Gloves: 1      Hat: 1      Scarf: 1