



Bridging the Gap Client Referral



Client Name: _____ Client Phone Number: _____

Date of Birth: _____ Client Address: _____

List all members of household with ages:

Current annual income: _____ Are you currently employed: _____

Do you share the residence with another wage earner: _____

Referring Agency: _____ Case Manager: _____

Case Manager Phone Number: _____ Any extenuating circumstances we should know: _____

Items Needed

Beds: _____ How many: _____ Bedding: _____

*No cribs or crib mattresses are available

In the event other household furniture or items are available, what is immediately needed:

Guidelines and Rules of the Program

Clients must present a need of furniture for themselves or dependent children. Priority will go to children first if limited supply is available.

Referred clients may be denied if they have utilized the program within the last year.

Clients must need an item and not just want an item.

Clients are not guaranteed the items listed in their referral.

We reserve the right to refuse service to any client referred to our program based on client's lack of cooperation or poor attitude.

If a client misses an appointment with us, without notice, their referral will be denied.

If a client fails to return 2 phone calls they will be placed on the denial list. Please update us with a change in phone number.

All items must be picked up within 3 weeks of approval or forfeiture of item(s).

I understand that most items received from Bridging the Gap were used before being donated. I agree to receive all items "AS IS." I agree to hold Fort Dodge Community Foundation and United Way, its volunteers, agents and donors harmless from liability for an injury that could arise from use of items received from Bridging the Gap.

Client Signature: _____ Date: _____

Case Worker Signature: _____