



## **Household Needs Request Instructions**

Please Read Instructions Carefully

**Note:** Only Case Managers or Church Representatives are to submit this application.

#### REFERRAL:

Each applicant needs to be referred to Potter's Hands by an agency or local church representative. The caseworker/church representative must submit the initial application by email and also accompany the client to the appointment. Please submit the "Household Needs Request" form to <a href="mailto:donationcenter@thechapel.com">donationcenter@thechapel.com</a> before an appointment can be scheduled.

#### **ITEMS NEEDED:**

Please include a detailed list of items needed on the form. Caseworker/church leader needs to confirm items requested.

#### OTHER INFO NEEDED:

- Please specify if items can be picked up or need to be delivered. Pick-up within 15 days of appointment
  is preferred and greatly appreciated. If delivery is needed, please include any special instructions as
  necessary (floor number, front, side or rear entrance, etc.).
- If a stove is needed, please specify gas or electric.
- If beds are needed, please specify quantity and size (queen or twin only). By availability.

### **FREQUENCY:**

Clients can only apply to Potter's Hands once every 12 months.

\*Although we want to complete every request, we do not have the ability to do so. Given this, The Potter's Hands maintains the right to use discretion regarding priority of requests on a case by case basis. \*





# The Potter's Hands Household Needs Request Form

Request Date:					
Reason for Need (Please Briefly Exp	olain Situation):				
Children: Number:	Ages:				
Organization Referred by:					
Name of Caseworker/Church Leado	er:				
Phone:	Email:				
Name of Applicant:					
Address:		Floor:			
Phone:	Email:				
Items Requested (Be Specific):					
Religious Affiliation:					
Prayer Requests:					

## For Office Use Only

Scheduled Delivery	y Date:	 	
Completed by:		 	