

# Red Cross Application for Furniture Assistance with Houston Furniture Bank for Students

## CASE WORKER INFORMATION

\* Required

1. **Email address \***

---

## Caseworker Information

Please provide the following

2. **Referral agency name \***

*Mark only one oval.*

- CIS Alief
- CIS Alvin
- CIS Bay Area
- CIS Baytown
- CIS Galena Park
- CIS Houston
- CIS La Porte
- CIS Pasadena
- CIS Pearland
- Other: \_\_\_\_\_

3. **Case Manager First Name \***

---

4. **Case Manager Last Name \***

---

5. **Case Manager Contact Number (555-555-5555)**

\*

---

6. **Client Case Number**

---

## Furniture Requested

Please select all that apply. Each client may receive ONE of each item.

**7. Item #1**

*Check all that apply.*

Queen Mattress Set

**8. Item #2**

*Check all that apply.*

Twin Mattress Set

**9. Item #3**

*Check all that apply.*

Queen Bed Frame

**10. Item #4**

*Check all that apply.*

Twin Bed Frame

**11. Item #5**

*Check all that apply.*

Kitchen Table with 4 chairs

**12. Item #6**

*Check all that apply.*

Sofa

**Client Information**

Please complete the following:

**13. Client First Name \***

---

**14. Client Last Name \***

---

**15. Client Parent or Guardian First Name \***

---

**16. Client Parent or Guardian Last Name \***

---

**17. Parent or Guardian Contact Number (555-555-5555) \***

---

**18. Client Street Address During Harvey \***

---

**19. Client City During Hurricane Harvey \***

---

**20. Client Zip Code During Hurricane Harvey \***

---

**21. Current Client Address \***

---

**22. Current Client City \***

---

**23. Current Client Zip Code \***

---

**24. Client Email Address \***

"NA" if client does not have an email address

---

**25. Number of Children in the Family (under 18) \***

*Mark only one oval.*

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

**26. Household Income \***

*Mark only one oval.*

- Under \$25,000
- Over \$25,000

**27. Did the client receive FEMA assistance? \****Mark only one oval.* Yes No**28. Number of people in the household 65 and older \****Mark only one oval.* 0 1 2 3 4 5 6**29. Number of people in household with disabilities \****Mark only one oval.* 0 1 2 3 4 6**30. Number of people in the household that are non-US residents \****Mark only one oval.* 0 1 2 3 4 5 6 7**31. Family is a: \****Mark only one oval.* Home-Owner Renter

**32. Please indicate the ethnicity of the applicant \***

*Mark only one oval.*

- African American
- Asian
- Hispanic
- Anglo
- Pacific Islander
- Other

**33. Please indicate the ages of each member of the household. Age of household member #1 \***

---

**34. Age of household member #2**

---

**35. Age of household member #3**

---

**36. Age of household member #4**

---

**37. Age of household member #5**

---

**38. Age of household member #6**

---

**39. Age of household member #7**

---

**40. Age of household member #8**

---

**41. Age of household member #9**

---

**42. Age of household member #10**

---

A copy of your responses will be emailed to the address you provided

