

Ending Homelessness. Starting Fresh.

Problem Solving Furniture Request Form

Please fill out each section in this request form. Once completed, please upload into HMIS, complete any other required Problem-Solving request steps, and send a notification email to psaps@sacstepsforward.org once the request has been submitted.

Client Contact Information	r SSE to be able to ship item to the client	
Please provide the following for SSF to be able to ship item to the client.		
Client First & Last Name:		
Client Phone #:Address the Client is Moving Into:		
Projected Move-In Date:	ю:	
	S requests for this client? How many? _	
Include the number of items	being requested:	
Furniture/ Essential item	•	Number
Mattress (double/full size)		
Mattress (twin size)		
Bed Frame (double/full size)	
Bed Frame (twin size)		
	Total Amount	
Requesting a move-in kit (includes: towel, sponges, dish soap, laundry detergent, clock, welcome mat, pots and pans, bowls and plates, utensils, cups, bath mat, small desk lamp, toilet paper). Please coordinate with PSAP Specialist for pick-up.		
Maximum limits: Individual participant: \$700		
Family with children: \$1400 (exceptions can be made for large families)		