

HOME BASICS (TWEEDDALE) CO LTD

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Request for Furniture and Household Goods

This form must be completed by the referring agency.
Please make sure that clients have the keys to their property and cash available to purchase items before making appointments.

Client Details

Name of Client	
Address	
Post Code	
Tel No.	
Mobile No.	

Items requested

I confirm that this is my first referral within the last 12 months.

Signed.....

Date.....

Agency Details

Contact Name	
Name of Agency	
Address	
Post Code	
Email Address	
Date of request	

Has this person received a grant towards these items?

Yes / No

Source of grant (eg Community Care Grant)

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Important. Please fill in the following information. The statistics we gain assist us in our applications for future funding.

Reason for need

How many people will benefit?

Adults		Children	
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