



**Families and  
Communities  
Together  
F.A.C.T.**

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\*Rebuild

\*Revive

\*Restore

**Mission  
Statement:**

*F.A.C.T. collaborates  
with people in our  
community to develop  
and build stronger, more  
successful families and  
children.*

# Home Resource Program Referral Form

Date: \_\_\_\_\_

Voucher # \_\_\_\_\_

**Referring Agencies:** Meet with the client and complete this form with them while assessing their most critical needs. We will only accept referrals through Email, FAX or Snail Mail from the referring agency. Our office will contact the client when the referral has been processed and items are ready to be picked up. The client will sign the form when they pick the items up.

Client Name \_\_\_\_\_

Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Number of persons living in the home: \_\_\_\_\_

Ages/sex of children in household: \_\_\_\_\_

Type of need (circle one): *needy/emergency elderly health/education  
Youth disabled family services Probation and Parole*

How was need determined, i.e.; lost home to fire, moving from shelter, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Agency: \_\_\_\_\_

Phone # \_\_\_\_\_

Signature of authorized referring agent: \_\_\_\_\_

FACT Authorized Signature: \_\_\_\_\_

Clients will sign this form when items are picked up.

- **All donations are intended for the personal use of the recipient and can not be traded, sold or redeemed for any cash amount.**

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information for Probation and Parole Referrals :**

Name :			Phone:		
DOC :			Date of Birth:		
Employment Status: (Circle one) Full Time Part Time Unemployed			Hourly Wage:		
Place of employment:			Length of Employment:		

# F.A.C.T. Home Resource Program

**Referring Agency:** Below is a list of common items that our Home Resource Program may have. This tool is intended for your convenience when compiling a list of items for your client. Circle the most critical items in need.

## Bedding:

Comforter/Blanket— Circle Size  
Twin Full Queen King

Sheet Set—Circle Size  
Twin Full Queen King

Mattress Pad/Water Proof Covers  
-Circle Size  
Twin Full Queen King

Pillow

## Bathroom:

Bath mat  
Towel  
Mirror  
Shower Curtain  
Shower Curtain Liner  
Shower Curtain Rod  
Shower Organizer  
Soap Dish/Dispenser  
Toilet seat—round or oblong

## Kitchen:

Coffee cup  
Glasses  
Dinner Plate  
Bowl  
Food container  
Silverware  
Skillet  
Pot  
Pan  
Can opener  
Coffee Maker

## Household:

Clock  
Lamp  
Iron  
Throw Rug—size\_\_\_\_\_

Decorative wall hanging  
Picture Frame  
Chair Cover—size\_\_\_\_\_

Sofa Cover— size\_\_\_\_\_

## Cleaning Supplies:

Mop  
Toilet Brush  
Scrub Brush  
All Purpose Cleaners

## Curtains:

Sizes\_\_\_\_\_

\_\_\_\_\_

Curtain Rods  
Sizes\_\_\_\_\_

\_\_\_\_\_

Mini Blinds-Sizes\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## List any critical items needed not on this list:

Note, we rarely if ever have furniture or appliances

\_\_\_\_\_

\_\_\_\_\_

## OFFICE Use Only

### Additional Items Received by Client:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requests for donations are filled in a fair and impartial manner. Our household items are donated from retail stores and may be chipped, flawed, or broken.

Please understand that our inventory changes weekly and we cannot guarantee that all requests will be met. We will strive to assist each consumer to the best of our capability.

F.A.C.T. is not liable for the results of any donated product.