

Medford United Methodist Church

BEDS FROM CHRIST

DATE OF REFERRAL: _____

CALLER/REFERRAL NAME: _____ REFERRAL AGENCY: _____

HEAD OF HOUSE HOLD NEEDING BED(S): _____

ADDRESS _____

PHONE NUMBER _____ ALTERNATE PHONE NUMBER: _____

HAVE WE HELPED BEFORE WITH BED(S)? _____ WHEN? _____

WHY DID YOU NEED THE ASSISTANCE TO PURCHASE A BED BEFORE? _____

DATE/TIME TO MEET WITH PASTOR: _____

CIRCUMSTANCES LEADING TO NEED OF BED (FOR TRACKING PURPOSES)

_____ UNEMPLOYED _____ DISABLED _____ DEATH IN THE FAMILY _____ NO INCOME

_____ DISTASTER (fire, tornado, flood) _____ NEW CAREGIVER FOR CHILD/OTHER PERSON

OTHER (please describe) _____

FINANCIAL INFORMATION (FOR TRACKING PURPOSES)

SOURCES OF INCOME AND AMOUNT:

WAGES _____/ HOUR SALARY FREQUENCY PAID _____ TOTAL/MONTH _____

OTHER SOURCES OF INCOME AND MONTHLY AMOUNT:

SELF-EMPLOYED _____ DISABILITY _____ UNEMPLOYMENT _____

CHILD SUPPORT _____ PENSION _____ OTHER _____

NUMBER AND SIZE OF BED(S) NEEDED

NUMBER OF ADULT(S): _____ **NUMBER OF ADULT BEDS NEEDED:** _____

SIZE(S) OF BED(S) NEEDED: _____ QUEEN _____ FULL _____ TWIN

_____ MATTRESS _____ FOUNDATION _____ FRAME _____ SHEETS

_____ MATTRESS PAD _____ PILLOW _____ QUILT

NUMBER OF CHILD(REN): _____ **NUMBER OF CHILD BEDS NEEDED:** _____

SIZE(S) OF BED(S) NEEDED: _____ QUEEN _____ FULL _____ TWIN

DATE TO OUTREACH PASTOR/DESIGNEE: _____ **DATE PERSON CONTACTED:** _____

DATE/TIME OF DELIVERY _____ **METHOD OF DELIVERY** pick-up delivery

DELIVERY INFORMATION: TOTAL NUMBER OF BEDS REQUESTED: _____

DELIVERY ADDRESS: _____

DELIVERED BY: _____

COMMENTS/NOTES: _____
