

BOUNDLESS JOURNEYS AKRON

Name of Case Worker: _____

Organization: _____

Phone Number: _____

**Any personally identifiable information you choose to provide will be protected by privacy and security practices*

Name of Client: _____

Gender: Male, female, transgender, non-binary/non-conforming, intersex, prefer not to answer

Preferred Pronouns: He/him, she/her, they/them, other, prefer not to answer

Ethnicity: Hispanic, Non-Hispanic, prefer not to answer

Race: Native American, Asian, Black or African American, Native Hawaiian or Other Pacific

Islander, White, Other, prefer not to answer

of People in the Household: _____

Was a NAMI package issued for the client? Yes or No

Today's Date: _____

First Time Client ____ **Repeat Client** ____ **Date of Last Visit (If applicable):** _____

Insert Table to check off items needed. Items included:

Furniture: Dresser, sofa, sitting chairs, lamps

Appliances: Microwave, toaster, coffee pot

Kitchen: Plates, bowls, cups, pots + pans, silverware, utensils (spatula, mixing spoon)

**We are privileged to help these requests and will do our best to honor each request. Unfortunately, we are unable to hold items, it is first come first serve.*

**We operate strictly on donations and are limited to inventory on hand only.*

**We are not able to move items, we recommend you secure transportation for larger items.*

We encourage you to bring clients with you. It is our goal to promote self-worth and independence. We will work with you and your client to make the process as easy as possible.

Since we operate strictly on donations, would the client be willing to fill out a "thank you" card for the individuals who help Boundless Journey's through donations and support of our mission? Yes or No

Total # of items needed: _____

What day and time can you visit our location with your client? *Insert a calendar if possible, where you can only select certain dates and time (hours of operation)

Do you need any personal hygiene items or cleaning supplies? _____