

MAP Furniture Bank



Please complete this questionnaire with your client.
Information is for statistical purposes only & will be kept confidential.

Agency: _____ Client Zip Code: _____ Date: _____

Race: Caucasian (white) African American Hispanic
 Asian Native American Somalian Other

Family Status: Married Single Separated Divorced Widowed

Persons in household: _____ Adult male(s) (19 and over) age(s) _____
(Number & ages) _____ Adult female(s) (19 and over) age(s) _____
_____ Children (18 and under) age(s) _____

Yearly Household Income: Less than \$6,000 per year
(check ONE) \$ 6,000 - \$11,999 per year
 \$12,000 - \$17,999 per year
 \$18,000 - \$23,999 per year
 \$24,000 - \$35,999 per year
 \$36,000 and above per year

Place a (1) and (2) next to the top 1 or 2 reasons your client needs assistance:

- | | |
|---|---|
| <input type="checkbox"/> Death or Divorce | <input type="checkbox"/> Physical disease or disability |
| <input type="checkbox"/> Drug or alcohol rehabilitation | <input type="checkbox"/> Previously homeless |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Refugee or immigrant |
| <input type="checkbox"/> FCCS Involvement | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Fire victim | <input type="checkbox"/> Robbery victim |
| <input type="checkbox"/> Formerly incarcerated | <input type="checkbox"/> Victim of domestic violence |
| <input type="checkbox"/> Loss of job/unemployment | |
| <input type="checkbox"/> Mental disability | <input type="checkbox"/> Other (specify) _____ |