

BOUNDLESS JOURNEYS CLEVELAND

Relationship to Resident(s): _____

Your Name: _____

Organization: _____

Contact #: _____

Email: _____

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

Resident(s) Name	Gender (Optional)	Race (Optional)	Monthly Income

Gender: Male, female, transgender, non-binary/non-conforming, intersex, 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

Today's Date: _____

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

Insert Table to check off items (number of items) needed. Items included:

Furniture: Full Size Mattress, Bed Frame, Dresser, Kitchen Table, Kitchen Chairs

**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 encourage you to bring residents 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 resident 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: _____

Will you be able to visit our location at 14221 Broadway Ave. Cleveland OH 44125 with the resident to select items? Yes/No

If yes: We cannot hold items so, please secure transportation for the items the day you are visiting.

If no: We will send you photos of available items and you will have one week to pick them up from our location.

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