



Helping Families in Need Society

Warehouse: 1679 Gilmore Avenue, Burnaby, BC
Office: 4095 1st Avenue, Burnaby, BC V5C 3W5
Tel: 604-294-3087 24 hrs www.helpingfamiliesinneed.org

NEW 2022 REFERRAL FORM

Form valid only in 2022. See our website for a current form.

IMPORTANT



DATE EMAILED _____

BY APPOINTMENT ONLY PLEASE GIVE A COPY OF THIS COMPLETED FORM TO YOUR CLIENT

A support worker/translator (18 years old +) must accompany non English speaking referrals.

One family (**maximum 2 people**) per referring agency per night. **NO EXCEPTIONS. NO CHILDREN UNDER 16**

NEW - - - AGENCY OR CLIENT TO EMAIL THIS COMPLETED FORM TO hfins@telus.net to get an appointment day & time.

Please include the client's name on the subject line. Be sure to let us know if they will pick up the furniture or if they want to use our drop off service. We will quote the cost for the drop off when we give the client get the date and time for the appointment.

PLEASE PRINT

Referring Agency _____

Support Worker _____ Your Email _____

Client's Name _____ Email _____

Client's Phone # _____ How many in the family? Children Adults

Address _____ **ENGLISH SPEAKING** Yes No
(where the furniture will be used)

FURNITURE DROP OFF REQUIRED? NO YES **COST TO DROP OFF** _____

Email to hfins@telus.net to get the cost of the drop off fee to the area where the client resides. Please note that we drop off only 11am - 3pm the following day and do not enter homes, apartments or elevators. Your client will need to have help to get the furniture in to their home.

IF PICKING UP furniture **MUST** be removed on the night that it is selected.

APPOINTMENT DATE _____ **Time 4pm We will fill in the date.**

STREET PARKING ONLY **Maximum 2 people to be present on our property per referral.**

NO WASHROOMS **NO CHILDREN/BABIES UNDER 16 YEARS PERMITTED ON OUR PROPERTY**

IMPORTANT WHAT THE CLIENT MUST BRING TO THEIR APPOINTMENT

WHERE TO COME

1679 Gilmore Ave
3 blocks north
of the Gilmore
Skytrain Station
*(warehouse is on the
east side of our
building)*

- This **Completed** Referral Form **HARD COPY (not in your phone).**
- PHOTO ID
- Something **other than** this referral form with your current address on it. This address **MUST** match the address on this referral form. ie: hydro or phone bill, rent receipt *(address can be in your phone)*
- Non-refundable **\$20** registration fee -*Cash exact change or Ministry Cheque*
- Drop off payment (if required) cash (**exact change**) or Ministry cheque

If you need to cancel this appointment please call 604-294-3087 or email us hfins@telus.net