



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 2023 REFERRAL FORM

Form valid only in 2023. See our website for a current form.

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

A support worker/translator (18 years old +) must accompany all non English speaking referrals AND ALL new immigrants/refugees whether English speaking or not.

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 of your email. Be sure to let us know if they will pick up the furniture on the day of the appointment or if they want to use our drop off service. We will quote the donation cost for the drop off.

DATE SUBMITTED _____

PLEASE PRINT

Referring Agency _____

Support Worker _____ Your Email _____

Client's Name _____ Email _____

Client's Phone # | _____

How many in the family? Children/youth under 19

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 fee for the furniture drop off to the client's home. Please note that we drop off only noon - 3pm the following day depending on weather. We don't enter homes, apartments or elevators or go up or down any stairs. Your client will need help to get the items in to their home.

IF PICKING UP - The furniture **MUST** be removed on the night of the appointment.

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

PLEASE READ BEFORE COMING TO YOUR APPOINTMENT Appointments take about one hour.

STREET PARKING ONLY Maximum 3 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

To cancel this appointment please leave a message 604-294-3087/24 hrs or email us hfins@telus.net