

The Mustard Seed of Central Florida
 12 Mustard Seed Lane
 Orlando, FL 32810
 PH: 407-875-2040 FX: 407-875-3413

Hours of Operation:
 Monday-Thursday 9AM-4PM
 Friday 9AM-12PM (Clothing Only)
 Second Saturday of the month from 9AM-12PM

Client Referral Form

Client Name _____ **Date of Referral** _____

Referring Agency Name _____ **Phone #** _____

Referring Agent's Name _____ **Fax #** _____

Referring Agent's Email _____

Family Size: Adults _____ **Children** _____

Agents, please check the boxes below indicating your understanding of the procedures at The Mustard Seed and that you have gone over them with your client. (Please see Referring Agency Agreement for more information).

- I have verified the client's housing status and stability.
- I have verified client is employed and has a steady source of income. (Client must have income to be eligible for furniture program)
- I have made sure the client has reliable transportation for moving the furniture and moving help.
- I have completed the referral form completely after a home inspection. *If form is not filled out completely client will be sent back for completion.
- The client has the address and directions to The Mustard Seed.
- I have informed the client of ALL operating hours.
- I have informed the client that not all items on the following list will be available to them.
- I will give the client this form and keep a copy for our organization.
- Client has been given **Client Checklist** and is attached to referral.
- The Client has never received furniture from The Mustard Seed.**

Qty. Requested	Item
	Queen or King Mattress/Box Spring
	Full Mattress/Box Spring
	Twin Mattress/Box Spring
	Crib or Toddler Bed
	Dresser/Armoire/Wardrobe
	Nightstand
	Bookshelf
	Entertainment Center

Qty. Requested	Item
	Sofa/Sleeper
	Loveseat/Easy Chair
	Coffee Table
	End Table
	Dining Table/Chairs
	Lamp
	Bedding/Dish Sets
	Miscellaneous Items

Please list miscellaneous item specifics:

The Mustard Seed Use: Received By _____ **Date** _____