****

**Date:**

**FLEX-DFB**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS ID Number: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Agency Name:**

|  |  |  |
| --- | --- | --- |
| Twin or Full Bed (Matt/Box) \_\_\_\_ |  | Sofa Sleeper \_\_\_\_ |
| Queen Bed (Matt/Box) \_\_\_\_ |  | Upholstered Chair \_\_\_\_ |
| Crib (New) \_\_\_\_ |  | Side Chair (Living Room) \_\_\_\_ |
| Nightstand \_\_\_\_ |  | End Table \_\_\_\_ |
| Chest of Drawers \_\_\_\_ |  | Coffee Table \_\_\_\_ |
| Dresser \_\_\_\_ |  | Dining Table (2 Chairs) \_\_\_\_ |
| Loveseat \_\_\_\_ |  | Dining Table (4 Chairs) \_\_\_\_ |
| Sofa \_\_\_\_ |  | Side Chair (Dining) \_\_\_\_ |
| Bed Frame (New Twin/Full) \_\_\_\_ |  | Total Items \_\_\_\_ |
| **\*\*\*NOTE: Items are not guaranteed in stock.** | | |

**CASE MANAGER NOTES:**

***How does this request improve the client’s ability to achieve or maintain housing, employment, or self-sufficiency? (Use a second page if needed.)***

***List three agencies contacted to request funding. (Use a second page if needed.)***

*By our signatures, we affirm that the client is in a CoC, Emergency Shelter, Street Outreach (or equivalent case management) program****.*** *The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

***PRINT CLEARLY***

**Case Manager Signature: (X)**

**AGENCY INSTRUCTIONS:**

Submissions must be scanned to pdf and uploaded to your agency’s MDHA Base Camp project or faxed to 972-638-5621

**Case Manager Name:**

**Case Manager Email:**

**Case Manager Telephone:**

**Agency Supervisor/Program Manager Signature:**

**MDHA Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OFFICE USE ONLY: 🞏CAS – Match 🞏 Veteran 🞏 Re-Entry