

PARTNER AGENCY TRAINING MANUAL

Online Referral Form For Furniture and Appliance Assistance

REVISED APRIL 2021



**CRISIS
ASSISTANCE
MINISTRY**

MISSION STATEMENT



**CRISIS
ASSISTANCE
MINISTRY**

Preventing homelessness.
Preserving dignity.

The mission of Crisis Assistance Ministry is to provide assistance and advocacy for people in financial crisis, helping them move toward self-sufficiency.



PARTNER AGENCY PROGRAM



CRISIS
ASSISTANCE
MINISTRY

WHAT: *The Partner Agency Program extends the reach of Crisis Assistance Ministry's services to ensure that families throughout Mecklenburg County can avoid eviction or utility disconnection and meet their basic needs.*

WHO: *Crisis Assistance Ministry Partner Agencies are a network of approved human service organizations that serve customers in Mecklenburg County. These trained caseworkers, who identify a need for emergency financial assistance through the course of working with their customers, can submit an application for assistance on behalf of those they serve.*

WHY: *Through these qualified Partner Agencies, customers can access Crisis Assistance Ministry while maintaining their dignity through the process.*

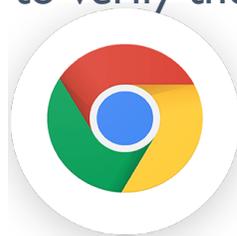


PARTNER AGENCY STRATEGIC ONLINE PORTAL

Utilizing a streamlined online referral process, trained agencies can remotely request Crisis Assistance Ministry Basic Needs services on behalf of their customers while maintaining the dignity of the individuals in need of assistance.

SUBMITTING REQUESTS FOR FURNITURE & APPLIANCE ASSISTANCE

- If you do not already have one, you will receive an individual, unique URL following this training. That URL should be used to submit referrals each time.
- Partner Agency staff is available Monday – Friday 8:30 am – 5:00 pm, except [holidays](#).
- Referrals should only be submitted for individuals actively receiving case management services. Please refrain from submitting referrals for yourself, your relatives, coworkers, or personal friends.
- Applications should only be submitted by caseworkers who have received Partner Agency training.
- All supporting documentation must be submitted in order to process the request.
- Include information for each person resident at the applicant's address, regardless of their legal or biological relationship to the applicant.
- A home visit (in person or virtual) should be completed to verify the need prior to submitting the referral.



Pro Tip:

The portal requires the CHROME browser

URGENT NEEDS CRITERIA: FURNITURE & APPLIANCES

Individuals seeking furniture and/or appliances should meet the following criteria:

- 1) Net family income not to exceed 200% of the Federal Poverty Level
- 2) Resident of Mecklenburg County for at least one month
- 3) Urgent need for furniture and/or appliances:
 - Customer has been homeless within the last three months because of eviction, domestic violence, or disaster and needs essential furniture or appliances in their new residence. Our definition of homelessness includes customers who have been living with friends or family and have been asked to leave.
 - Customer has or will have an emergency relocation/reunification of a child or senior into their home.
 - Customer is moving into Section 8 housing for the first time and the residence lacks a refrigerator and/or stove, which is preventing the customer from being able to move in.
 - Customer has other urgent need to be explained within the referral submission. (e.g. *sleeping on the floor, lacks funds to replace broken item, fire or other catastrophic incident, etc.*)

A NOTE ABOUT SIGNATURES

- Penned signatures are preferred where possible.
- However, electronic signatures are now acceptable *if* the electronic signature includes both a date and time stamp within the signature block. Electronic signatures without date and time stamps will not be accepted, and those forms will be returned so a valid signature can be obtained by the referring agency's caseworker.

No person shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs or religion be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

By my signature, I attest that the information I have provided is correct to the best of my knowledge and I authorize Crisis Assistance Ministry to contact appropriate Individuals and vendors for the purpose of verifying information:

John Doe, 12/5/2020, 3:27pm

12/5/2020

Application/Representative Signature

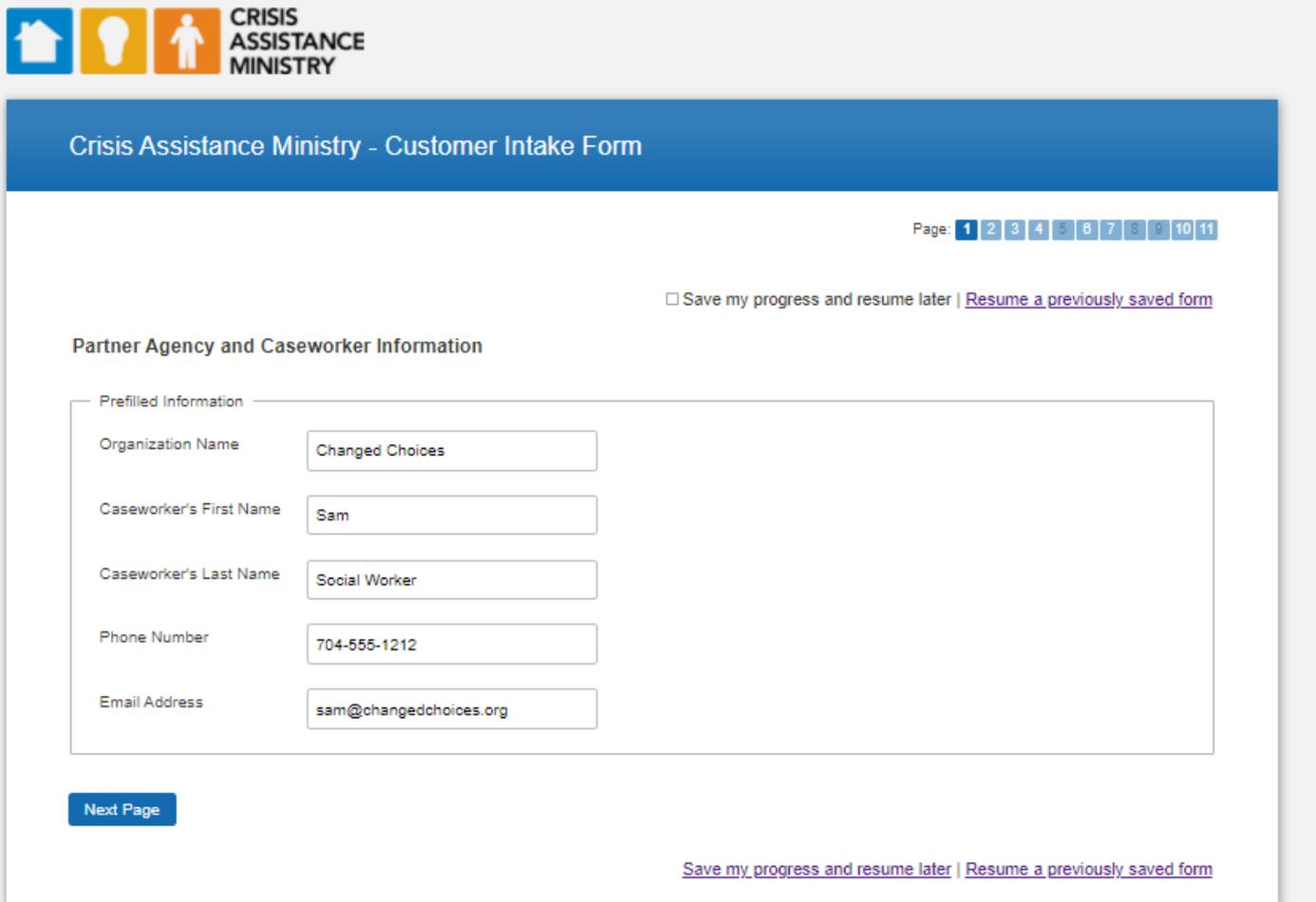
Date

Unacceptable Format

This format shown below DOES NOT qualify as an acceptable format, because it does not include the date and time stamp information within the signature line, as is required by both the County (as noted above) and the City.

DocuSigned by:
* Maria Gonzalez, BS, LP
Caseworker 54778458440...

INTAKE PAGE I: PARTNER AGENCY AND CASEWORKER INFORMATION



The screenshot shows the 'Crisis Assistance Ministry - Customer Intake Form' on page 1. The header includes the Crisis Assistance Ministry logo and the title 'Crisis Assistance Ministry - Customer Intake Form'. Below the header, there is a page indicator 'Page: 1 2 3 4 5 6 7 8 9 10 11' and a checkbox for 'Save my progress and resume later' with a link to 'Resume a previously saved form'. The main section is titled 'Partner Agency and Caseworker Information' and contains a 'Prefilled Information' box with the following fields:

Organization Name	Changed Choices
Caseworker's First Name	Sam
Caseworker's Last Name	Social Worker
Phone Number	704-555-1212
Email Address	sam@changedchoices.org

At the bottom left of the form is a 'Next Page' button, and at the bottom right is another 'Save my progress and resume later' link.

- If you already have a URL to submit financial assistance referrals, you will use the SAME URL to submit furniture and appliance referrals. If not, you will receive a URL once you've submitted the training registration form.
- Access the form using your unique URL.
- Please check completed fields for accuracy.
- Pay close attention to the Organization name fields and your contact information and verify they say what you expect them to say.



Reminder:

The portal requires the CHROME browser

KEY WAYFINDING TIPS

The screenshot shows a web form with a blue header. Below the header, there is a page indicator 'Page: 1 2 3 4 5 6 7 8 9 10 11' where the number 5 is highlighted. Below this is a checkbox 'Save my progress and resume later | Resume a previously saved form'. The main content area is titled 'Employment and Financial Situation' and contains four questions, each with a dropdown menu. At the bottom of the form, there are two buttons: 'Previous Page' and 'Next Page'. At the bottom right of the form, there is a link 'Save my progress and resume later | Resume a previously saved form'. Red circles highlight the page indicator, the 'Previous Page' and 'Next Page' buttons, and the bottom link. Blue arrows point from the text on the right to these elements.

- Section will tell you what page you are currently on. You can click on number to maneuver throughout the form.
- Depending on what type of request you are submitting, some pages will not be necessary for you to fill out and will not be clickable.
- You can save your form and come back to it at a later time
- **These wayfinding elements will be shown on all pages**

- You can maneuver through pages using the previous and next page buttons

KEY ITEMS: SAVE PROGRESS & RESUME FORM

Crisis Assistance Ministry - Customer Intake Form

Page: 1 2 3 4 5 6 7 8 9 10 11

Save my progress and resume later | [Resume a previously saved form](#)

Resume Later

In order to be able to resume this form later, please enter your email and choose a password.

Your Email:

A Password:

Confirm Password:

Crisis Assistance Ministry - Customer Intake Form

Identity check

Please enter your email and password to resume this form.

Your Email:

Your Password:

| [Forgot your password?](#) | [Need assistance with this form?](#)

- Enter an email address and password if you want to save your work
- If you save your work, you will receive an email with a link to open the saved form

Pro Tip:

Double check your email address and password for typos before saving

- You can also resume a previously used form by entering your email and password

KEY ITEMS: FORGOT PASSWORD & NEED ASSISTANCE

Crisis Assistance Ministry - Customer Intake Form

Identity check
Please enter your email and password to resume this form.

Your Email:

Your Password:

[Resume this form](#) | [Forgot your password?](#) | [Need assistance with this form?](#)

Crisis Assistance Ministry - Customer Intake Form

Reset your Password
Enter the email address you used to save your response to this form.

Your Email:

[Continue](#) | [Cancel](#) | [Need assistance with this form?](#)

Crisis Assistance Ministry - Customer Intake Form

Identity check
Please enter your email and password to resume this form.

Your Email:

Your Password:

[Resume this form](#) | [Forgot your password?](#) | [Need assistance with this form?](#)

Assistance Request for: Crisis Assistance Ministry - Customer Intake Form

The person responsible for this form has provided the following contact information:
Happy to help! Please email referrals@crisisassistance.org and we will get back to you.

- If you wish to resume a form, but you've forgotten your password, you can reset it by clicking on "Forgot your password?"
- Enter your email address and press Continue. You'll receive instructions on how to reset.
- Clicking on "Need assistance with this form", will display information about emailing referrals@crisisassistance.org for further assistance.

INTAKE PAGE 2: GUIDE FOR COMPLETE REFERRAL

Crisis Assistance Ministry - Customer Intake Form

Page: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#)

Save my progress and resume later | [Resume a previously saved form](#)

Important Tips for Making A Referral

These tips will assist you in submitting a complete referral that will allow Crisis Assistance Ministry to provide speedy and dignified customer service.

For detailed information on how to submit a referral, contact partner@crisisassistance.org to access training materials.

Partner agency staff are available Monday - Friday 8:30 a.m. - 5:00 p.m., [except holidays](#).

For Financial Assistance

For Furniture & Appliances

A home visit (virtual or in person) should be completed to verify need prior to submitting a referral. You will need the following information from the applicant to complete a furniture and/or appliance referral:

- Picture ID for the adult (18 yrs. or older) requesting assistance.
- Confirmation that they have been a resident of Mecklenburg County for at least one month.
- Information about family income to confirm that it does not exceed 200% of the Federal Poverty Level.
- Demographic information about the applicant and each person in the residence, regardless of legal or biological relationship to the applicant
- Details about the situation that created the urgent need for furniture and/or appliances.

What happens once your referral is submitted?

Our goal is to process a referral within two business days. Our team will communicate via the email address provided for the referring worker. If requested inventory is available, you will be asked to notify the customer and provide instructions for them to make an appointment to pick up their items at the Furniture & Appliance Store. Appointments should be arranged within five business days of approval. Customers are responsible for making arrangements to load, transport, and unload requested items. Requested items will be held for five business days following an approval before being returned to inventory.

Please confirm that you have read the above prior to proceeding forward to the next page to start completing the form.

Yes, I have read the above and am ready to proceed with the form.

[Previous Page](#)

[Next Page](#)

- Review the “Guide for Complete Referral” to ensure you are prepared with all documents and information before beginning the referral.
- Referrals should only be submitted for individuals actively receiving case management services. Please refrain from submitting referrals for yourself, your relatives, coworkers, or personal friends.
- Partner Agency staff is available Monday – Friday 8:30 am – 5:00 pm, except [holidays](#).

INTAKE PAGE 2: GUIDE FOR COMPLETE REFERRAL

Include information for each person residing at the applicant's address, regardless of their legal or biological relationship to the applicant.

What happens once your referral is submitted?

During non-peak season, it is our goal to process a complete referral within 1 - 2 business days.
During peak season (October - January) the following triage system is utilized to prioritize service for those with most urgent needs.

1. Utilities off already
2. Utilities off the day of referral
3. Padlock situations (including hotels)
4. Utilities off later
5. Rent
6. New Moves (as defined in the partner agency training handouts)

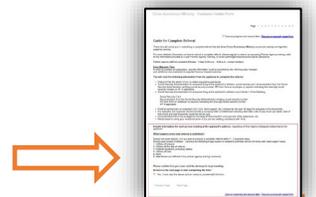
Please confirm that you have read the above prior to proceeding forward to the next page to start completing the form. *

Yes, I have read the above and am ready to proceed with the form.

[Save my progress and resume later](#) | [Resume a previously saved form](#)

[Previous Page](#) [Next Page](#)

- You must confirm by clicking “Yes....” before going to next page.
- If you don't, you may get a blank screen on the next page and will not be able to complete the form.



INTAKE PAGE 3: ASSISTANCE INFORMATION

Crisis Assistance Ministry - Customer Intake Form

Page: 1 2 3 4 5 6 7 8 9 10 11

Save my progress and resume later | [Resume a previously saved form](#)

Assistance Information

What service is the customer needing assistance with today? *

Financial Assistance Only

Furniture Assistance Only

BOTH Financial and Furniture Assistance

[Previous Page](#) [Next Page](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)

Crisis Assistance Ministry - Customer Intake Form

Page: 1 2 3 4 5 6 7 8 9 10 11

Save my progress and resume later | [Resume a previously saved form](#)

Assistance Information

[Previous Page](#) [Next Page](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)

- Select Financial Assistance, Furniture & Appliance Assistance, or Both.
- Refer to the separate training and guide for instructions to submit Financial Assistance

Pro Tip:

- If your screen looks like this, with no choices for types of assistance, you forgot to click “Yes” to confirm you have read the referral guidelines on page 2.
- Go back to page 2 and click “Yes....”

INTAKE PAGE 4: RESIDENCE, RENTAL/MORTGAGE INFORMATION

Crisis Assistance Ministry - Customer Intake Form

Page: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#)

Save my progress and resume later | [Resume a previously saved form](#)

Residence, Rental/Mortgage Information

Customer's First Name *

Customer's Last Name *

Customer's phone # *

Customer's email address *

- Enter your customer's name and contact information
- Double-check spelling of first and last names, as typos will cause a delay in processing requests

INTAKE PAGE 4: RESIDENCE, RENTAL/MORTGAGE INFORMATION – CURRENT ADDRESS

Residence Information

Current Address

Customer's new/current address * Apt #

City * State * Zip *

When did the customer move to this address? *

Does customer have a previous address? * Yes
 No

Does customer rent? * Yes
 No

[Previous Page](#) [Next Page](#)

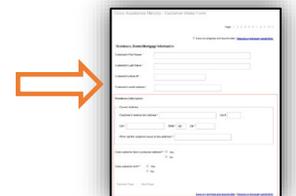
- Customer's residence information goes here
- If the customer is transitioning to stable housing for which this referral is being made, use the new address.
- If customer has a previous address, click “Yes” and an additional box to enter information will appear

Does customer have a previous address? * Yes
 No

Previous Address

Customer's previous address * Apt #

City * State * Zip *



INTAKE PAGE 4: RESIDENCE, RENTAL/MORTGAGE INFORMATION - RENTAL

Does customer rent? * Yes
 No

Rental Information

Landlord/Apartment complex name * Landlord phone # *

Landlord's address * Apt #

City * State * Zip *

Is Customer's name on the lease? * Yes
 No

Is customer's rent subsidized or reduced based on income? * Yes
 No

Type of Subsidy *

CHA
Sec 8
Shelter Plus
HUD
HOPWA
CFH
SPC
SHIP

[Previous Page](#) [Next Page](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)

- If the customer rents, select “yes” and additional boxes will appear to enter landlord information
 - If moving into stable housing, please enter the new landlord’s information
- If rent is subsidized or reduced based on income, indicate which subsidy is received



INTAKE PAGE 6: MAIN APPLICANT INFORMATION

Crisis Assistance Ministry - Customer Intake Form

Page: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#)

Save my progress and resume later | [Resume a previously saved form](#)

Main Applicant Information

Complete information for the applicant/customer immediately below. Then you will be asked to provide the same information for each additional person living at the address, starting with adults, regardless of whether their name is on the lease or if they are legally or biologically related.

Applicant Information

Applicant has SSN? * Yes No

Date of Birth *

Age *

Gender *

Marital Status *

Highest grade completed *

Race (select all that apply) *
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White
Don't Know
Refused

Press and hold Ctrl and select multiple values using your mouse

Applicant Information

Applicant has SSN? * Yes No

W-7 Number *

- Complete all of customer's personal identifying and demographic information
- If Customer doesn't have an SSN, click "No," then enter the W-7 Number
- Double-check SSN/W-7 and Date of Birth, as typos will cause a delay in processing requests
- You may select multiple race/ethnicity descriptors

INTAKE PAGE 7: ADDITIONAL HOUSEHOLD MEMBER INFORMATION

Crisis Assistance Ministry - Customer Intake Form

Page: 1 2 3 4 5 6 7 8 9 10 11

Save my progress and resume later | [Resume a previously saved form](#)

Additional Household Member Information

Does the customer have additional members in the household, excluding themselves? *

Yes

No

[Previous Page](#) [Next Page](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)

- Here is where you indicate if there are additional members in the household
- If yes, additional fields will appear to complete for the next member of the household
- Include information for each person residing at the applicant's address, regardless of their legal or biological relationship to the applicant.

INTAKE PAGE 7: ADDITIONAL HOUSEHOLD MEMBER INFORMATION (CONT'D)

Additional Household Member

Provide the information below for each additional household member, one at a time. All of the fields below, including demographic information, earned income and unearned income, are for this additional household member. To add another additional household member, click "Add Another Response" link at the bottom of the page. Start with adults, even if their name is not on the lease.

Household Member's First Name *

Household Member's Last Name *

What is their relationship to Head of Household? *

Household Member have a SSN? * Yes No

Date of Birth *

Is Household Member over age of 18? * Yes No

Age

Gender *

Race (select all that apply) *
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White
Don't Know
Refused

Press and hold Ctrl and select multiple values using your mouse

- Name, relationship, age, and all demographics must be completed for each additional household member
- If there's a newborn in the household, enter 0's for the SSN
- If Customer doesn't have an SSN, click "No", then enter the W-7 Number
- Multiple race options can be selected by holding "Ctrl" button and clicking on each option
- Double-check the following as typos will cause a delay in processing requests:
 - Spelling of first and last names
 - SSN/W-7 and Date of Birth

INTAKE PAGE 7: ADDITIONAL HOUSEHOLD MEMBER INFORMATION (CONT'D)

Ethnicity *

Disabled? * Yes No Don't know

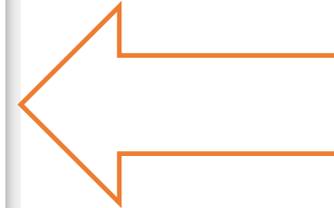
Is Household Member a US Citizen? * Yes No

[Add another Household Member](#)

Previous Page

Next Page

- Click “Add another Household Member” at the bottom for each additional household member



- If there is more than one additional household member, click “Add another Household Member” at the bottom
- Complete all steps for each additional household member

INTAKE PAGE 10: SCREENING INFORMATION FURNITURE & APPLIANCE STORE

Crisis Assistance Ministry - Customer Intake Form

Page: 1 2 3 4 5 6 7 8 9 10 11

Save my progress and resume later | [Resume a previously saved form](#)

Screening Information - Furniture and Appliance Store

Select crisis situation that caused urgent customer need *

Total Household Income * \$ if doesn't apply, enter 0

Has a home visit been completed? * Yes No

Mecklenburg County Resident for 1 month? * Yes No

What has caused the customer's emergency to request furniture and/or appliances? *

Items needed for residence (Select all that apply) * Press and hold Ctrl and select multiple values using your mouse
 Stove
 Refrigerator

- Please enter detailed & specific assessment information related to customer's situation
 - Homelessness
 - Family reunification
 - Section 8 move-in
 - Specialty need (provide explanation)
- This information will be used to determine eligibility for assistance
- Thorough referrals should address the following:
 - Net family income not to exceed 200% of federal poverty guidelines.
 - The situation that created customer's urgent need

INTAKE PAGE 11: REQUIRED ATTACHMENTS BEFORE SUBMISSION – HOUSEHOLD ATTACHMENTS

Required Attachments Before Submission

Prior to submitting your Customer Intake form, please make sure that the following attachments are attached, based on the type of assistance the Customer needs.

Based on your responses, please attach the following forms. Blank copies of forms are linked by each item where applicable.

Household Attachments

1	Consent to Release Information *	Consent to Release Information Spanish version (Consent to Release Information)
	<input type="button" value="Choose File"/> No file chosen	
2	ID Verification Form *	ID verification form Instructions: ID Verification form is needed if you DO NOT have copies of IDs and Social Security Cards to upload.
	<input type="button" value="Choose File"/> No file chosen	Add another ID Verification Form
3	Additional Supporting Attachments	Section 8 Authorization Letter - for all Section 8 new moves Other Supporting Attachments
	Additional Supporting Documentation	
	<input type="button" value="Choose File"/> No file chosen	Add another supporting document

[Previous Page](#)

[Review Submission](#)

4

1. Download Consent to Release Information using the link at right
 - Complete the attachment including signature of the applicant
 - Scan and upload the completed, signed form using the button on the left.
 - Electronic signatures that include time and date stamp may be accepted
2. ID Verification: Upload copies of ID or download and complete ID verification form completed during home visit
3. Additional Supporting Attachments such as Section 8 Authorization Letter, police reports
4. Once everything is uploaded, select Review Submission to check over the entire form's contents for accuracy

REVIEW SUBMISSION

Please review your response and confirm.

You **MUST** click the **confirm button** at the bottom of this page to finalize your response. If you want to print this page for your record, you may do it now.

Partner Agency and Caseworker Information (Page 1 /11)

Prefilled Information

Organization Name

Caseworker's First Name

Caseworker's Last Name

Email Address

Phone Number

(Page 2 /11)

Guide for Complete Referral

These tips will assist you in submitting a complete referral that will allow **Crisis Assistance Ministry** to provide speedy and dignified customer service.

For more detailed information on how to submit a complete referral, please register to attend an upcoming Partner Agency training, refer to the information provided at a past Partner Agency Training, or email partner@crisisassistance.org for assistance.

Partner agency staff are available Monday - Friday 8:30 a.m. - 5:00 p.m., [except holidays](#).

Case Manager Tips

In order to process an application, specific information must be provided by the referring case manager and additional documentation is required from our shared customer applicant.

You will need the following information from the applicant to complete this referral:

- Picture ID for the adult (18 yrs. or older) requesting assistance.

- After clicking “Review Submission,” you will be able to review your responses for accuracy
- Scroll through and ensure each response is complete and correct

SUBMISSION ERROR



The screenshot shows a web form with two main sections. The top section is titled "Emergency Assistance Application *" and contains a "Choose File" button followed by the text "EA App_____.pdf". The bottom section is titled "Customer Eligibility Checklist *" and contains a "Choose File" button followed by the text "C_y App_____.pdf" and the instruction "Instructions: Sign and date only". A blue link labeled "Customer Eligibility Checklist" is positioned to the right of the bottom section. An error message dialog box is overlaid on the form, displaying the text "www.tfaforms.com says" and "The form is not complete and has not been submitted yet. There is 1 problem with your submission." with a blue "OK" button.

- If there are errors on the form, you will receive a prompt to fix your errors before the form can be submitted
- Clicking “OK” will automatically direct you to the first error detected so that you can make corrections and re-submit

ERROR TO FIX

Additional Household Member

Complete information below for the additional household member. All of the fields below, including for one additional household member, the same additional household member. To add another, click the bottom of the page. Start with adults, even if their name is not on the lease.

Household Member's First Name *

Household Member's Last Name *

What is their relationship to Head of Household? *

Household Member have a SSN? * Yes No

SSN *

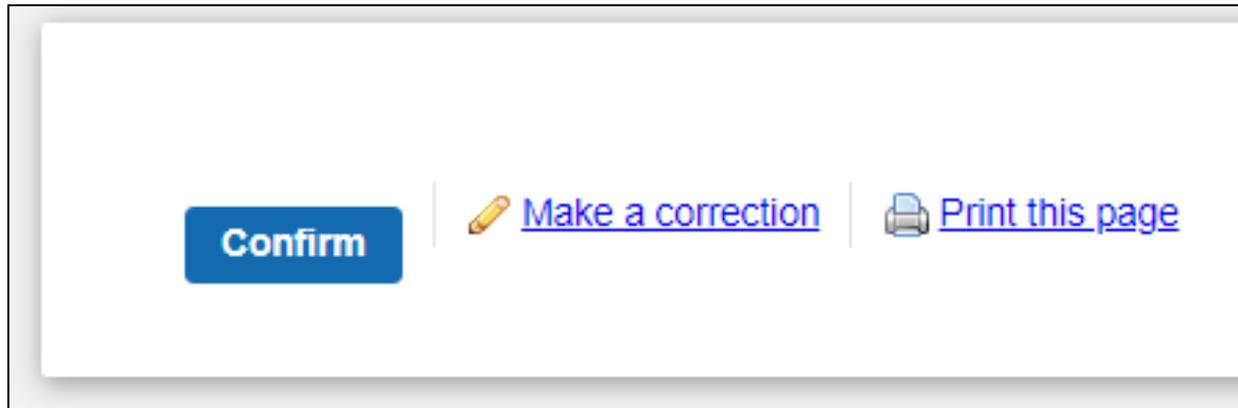
Date of Birth *

The date must be on or before 3/17/2020.

Format date as 'mm/dd/yyyy' using '/' as dividers

- Fields needing corrections will be outlined in red
- If there are multiple errors, you must search through each page for the next error highlighted in red
- Alternatively, you can skip to the final page and attempt to re-submit in order to automatically jump to the next error

SUBMISSION COMPLETE



- Click “Confirm” to complete the submission

PRINT SUBMISSION

Attached Files:
Consent-Sandbox.pdf (25 KB)
ID-SS-Sandbox.pdf (25 KB)
EA-Application-Sandbox.pdf (25 KB)
City-Checklist-Sandbox.pdf (25 KB)
Bill-Sandbox.pdf (25 KB)
Bedbug-Addendum-Sandbox.pdf (25 KB)
Homelessness-Verification-Sandbox.pdf (25 KB)

[Confirm](#) | [Make a correction](#) | [Print this page](#)

- If corrections are needed, click “Make a Correction” to return to the form for further editing
- At the bottom, click “Print this page” to create a printed copy of your responses
- Best practice is to keep a printed copy of each submission for recording purposes
- Once referral is submitted, **you will not have access to print or view your response** anymore, so printing this page is a key step

EMAIL ABOUT SUBMISSION

From: FormAssembly <no-reply@formassembly.com> On Behalf Of Crisis Assistance Ministry
Sent: Thursday, April 22, 2021 8:49 AM
To:
Subject: Thank You for Your Submission

This email is to verify that your submission has been received. If you have any questions, feel free to reach out to us directly at referrals@crisisassistance.org

We will be in touch as we move through the review process.

Customer Name: Ruby Wright
Needing assistance with: Furniture Assistance Only
Submitted Date: 04/22/2021 08:48:58 AM
Response ID Number: 205302074

- A confirmation e-mail will be sent to you (the referring caseworker) after Crisis Assistance Ministry receives the referral

WHAT'S NEXT?

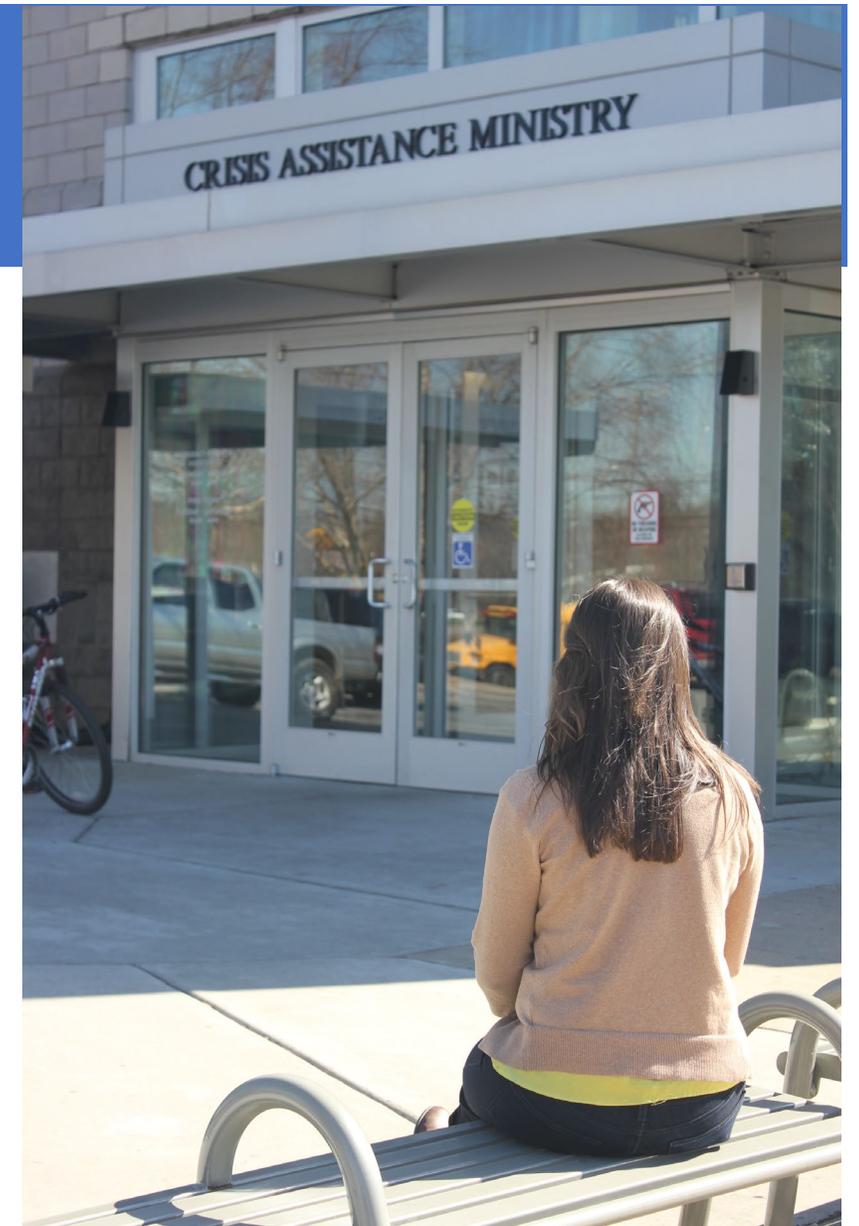
This ends our review of Crisis Assistance Ministry's online referral process. We hope this overview provides helpful guidance as you make referrals for our shared customers.

Within the next few days, you will receive a follow-up email with additional information and your unique URL, which will allow you to make customer referrals. However, if you have any questions or difficulties using the online referral, you can always email us at referrals@crisisassistance.org.

Thank you for your partnership in working together to provide assistance and advocacy for our shared customers.



crisisassistance.org



FREQUENTLY ASKED QUESTIONS

FURNITURE/APPLIANCE ASSISTANCE :

- How do I submit a request for furniture and/or appliances on behalf of a customer?
 - Trained Partner Agency caseworkers who identify a need for essential furniture and/or appliances through the course of working with their customers, can submit an online referral to Crisis Assistance Ministry on their behalf. A home visit (virtual or in person) should be completed to verify need prior to submitting a referral.
 - Training must be completed by each caseworker prior to submitting their first furniture and/or appliance referral.
- What are the eligibility criteria for furniture and appliance referrals?
 - Furniture and/or appliance referrals must meet the following criteria:
 1. Net household income under 200% Federal Poverty Level
 2. Resident of Mecklenburg County
 3. Urgent need for essential furniture and/or appliances
 - A home visit (virtual or in person) should be completed to verify need prior to submitting a referral.
- What items are customers able to request?
 - A referral may be submitted for one or more of the following items:
 - Furniture: Queen, double or twin/single mattresses and box springs, upholstered chairs, sofas, coffee tables, dressers, kitchen/dining room tables and chairs
 - Electric Appliances: microwaves, refrigerators, washers, dryers, stand-alone stoves

FREQUENTLY ASKED QUESTIONS

FURNITURE/APPLIANCE ASSISTANCE :

- How long does it take to receive a response once referral has been submitted?
 - Our goal is to respond within 2 business days.
- What happens if the requested items are not available?
 - If a requested item is not available, the referring caseworker will be notified via email. A new request for the same item may be submitted at any time.
- How often can I make a referral for the same customer?
 - Customers may receive furniture items once per year and appliance items once every two years unless extenuating circumstances warrant a more frequent replacement. A new request for items that were not available at the time of referral may be submitted at any time.
- How do customers receive their furniture and/or appliances?
 - Once approved, you will be provided with instructions to share with your customer. The customer will be asked to contact the Furniture & Appliance Store to schedule an appointment to pick up their items within five business days.
 - Customers are responsible for their own transportation and for loading, transporting, and unloading their items. They may bring a friend to assist in loading large items.
 - Items may be returned to inventory if an appointment is not made within five business days of approval.