

1) Client Qualifications: We rely on YOU to qualify the client!

For a client to receive our services we require them to be enrolled in a case managed program or be receiving pastoral care with one of our partnering agencies/congregations. We look for programs that offer support for your clients for a minimum of 3 months, promote self sufficiency and address the underlying cause for their current situation.

- Be enrolled in case management or receiving pastoral care addressing the underlying cause for their current situation
- **We require that your case manager/worker document the date of a home visit except in the case of sheltered clients.**
- All appropriate paperwork must be completed in its entirety.
- Qualified participants will only be eligible for the Home Starter Package once in a five year period.

Clients must fall into one of the following categories:

- Homeless (client's name is not on a lease)
- At-risk for homelessness (household income does not exceed 30% of area median income - see chart below)

INCOME LIMITS FOR 2009

Established by U.S. Department of Housing and Urban Development

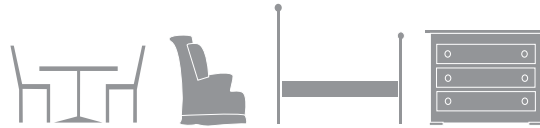
	Extremely Low 30% of Median
1 Person	\$12,232
2 Person	\$15,996
3 Person	\$19,760
4 Person	\$23,524
5 Person	\$27,288
6 Person	\$31,052

2) Referral Process:

Your case manager acts as our liaison with your client to ensure the client requests what they need. All referral forms must be completed and faxed to our offices prior to an appointment being scheduled. All of our appointments are scheduled by phone through our program administrator. Clients must arrive on time, with the proper payment, paperwork and delivery arrangements made. Clients arriving more than 10 minutes after their appointment time will be asked to reschedule. Clients who fail to show up for a scheduled appointment more than once, will no longer be eligible for services.

3) Collaboration:

By signing and accepting this agreement, CARITAS and your agency have agreed to collaborate in supplying basic furniture and household goods for your clients. **Your agency's responsibility is to identify, qualify and further support your client with the tools necessary to help achieve self sufficiency.** It is further agreed and understood that if your agency is asked, it will write a letter of collaboration to include in a funding proposal.



4) Agency donations and public relations:

CARITAS acts as a clearinghouse for donations to be distributed directly to qualified clients. We rely upon donations of furniture and household goods to survive. By partnering with CARITAS you agree that donations of items for which your agency has no immediate need, be referred to CARITAS.

5) Web site:

Within 60 days; both agencies agree to make available or place a link on their website for information purposes or to identify our community partners.

6) Authorized Case Managers:

All Case Managers who would like to access furnishings and household items for their clients, must first attend a brief orientation at CARITAS Furniture Bank. These orientations are held monthly, are about one hour long, and are free of charge. The orientation is an opportunity for you to learn more about the Furniture Bank and how we can help you provide basic household items and furnishings for your clients and be an ambassador for the Furniture Bank in your circle of influence.

2010 Program Fee Schedule

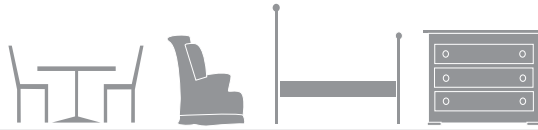
Program Fees—Home Starter Program	
Homeless - \$50.00 per household	At-risk for Homelessness - \$75.00 per household
Partnership Fee	
First Time Fee \$50.00	Consecutive Years \$25.00
Delivery - 12 Mile Radius of Richmond City	
Curbside - \$55.00	*In-Home Delivery - \$75.00

* Note that in-home deliveries are limited to senior citizens & disabled persons only. Additional fees for delivery beyond a 12 mile radius at the discretion of Director

Billing Options: Agencies can pay at the time of service, or participate in a monthly billing service.

- Monthly Billing: Agencies are billed in advance for an agreed upon number of vouchers. The vouchers are redeemed electronically, at the time of service.
- Pay at that time of service: Agency check, credit card, money order or cash. No personal checks will be accepted.

Fees are subject to change without notice.



Date:	Initial Application: _____	Renewal: _____
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Agency: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____ Ext: _____

Title/Position: _____ Email: _____

Agency Website: _____

*Name of Program: _____ *Type of Program: _____

*Does your agency operate a shelter? _____ Emergency _____ Transitional _____

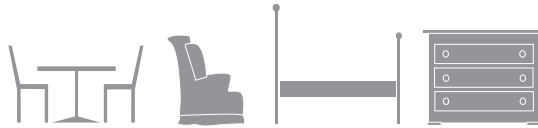
*What population is being served by your agency?
Homeless _____ At-Risk _____

Billing

Billing Mode: _____ Time of Service _____ Advance Billing _____

**If advanced, how many clients (vouchers) do you want us to invoice for each month? _____

All fees must be paid by agency check, credit card, cash or money order. Fees are due at the time of service or if the agency utilizes the advance billing option, invoices are due 15 days after the invoice date. Invoices not paid within 30 days may result in suspension of service.



Please list all Case Managers authorized to refer clients. If additional space is needed, please use a blank paper to supply us with their contact information. Please note, all case managers **MUST** attend an orientation to refer clients Orientations are held monthly, but we will be happy to accommodate a greater need if necessary.

	Case Manager	Phone	Email	Orientation
1				
2				
3				
4				
5				
6				
7				
8				

ACCEPTANCE OF AGREEMENT:

Referring Agency:

Signature Date

Printed Name Title

CARITAS Furniture Bank:

Director Date