



Date Delivered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Client Signature: \_\_\_\_\_

Please e-mail the completed form to [cathy@streetsofparadise.org](mailto:cathy@streetsofparadise.org)  
 Please call Cathy at (620) 481-0446 if you have any questions or concerns.

|                             |                   |
|-----------------------------|-------------------|
| Client Name:                | Client Phone #:   |
| Case Manager/Self-Referral: | Case Mgr Phone #: |
| Agency:                     | Client ID:        |

Move-in Date: \_\_\_\_\_ Move-in Address: [include City, Zip, and Apt #] \_\_\_\_\_  Ground Floor?  2<sup>nd</sup> Floor +?

|  |  |
|--|--|
|  |  |
|--|--|

Household Members: [Client is #1; Circle Gender and note Age(s)] \_\_\_\_\_ Favorite Color(s): \_\_\_\_\_

|               |               |               |
|---------------|---------------|---------------|
| 1. M / F Age: | 2. M / F Age: | 3. M / F Age: |
| 4. M / F Age: | 5. M / F Age: | 6. M / F Age: |

Please check off each item requested by the client.

|  |  |  |                                     |                                     |                                 |                                    |                                  |                                    |                                    |                                  |
|--|--|--|-------------------------------------|-------------------------------------|---------------------------------|------------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <p><b><u>LIVING ROOM:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sofa or Loveseat</li> <li><input type="checkbox"/> Sleeper Sofa</li> <li><input type="checkbox"/> Cushioned Chair</li> <li><input type="checkbox"/> Recliner</li> <li><input type="checkbox"/> Coffee Table</li> <li><input type="checkbox"/> Side Table</li> <li><input type="checkbox"/> TV Stand</li> <li><input type="checkbox"/> Desk</li> <li><input type="checkbox"/> Wall Picture/Vase</li> <li><input type="checkbox"/> Rug/Throw Pillows</li> </ul>                            | <p><b><u>BEDROOM:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dresser – Tall/Long?</li> <li><input type="checkbox"/> Nightstand</li> <li><input type="checkbox"/> Mirror</li> <li><input type="checkbox"/> Bed Pillows</li> <li><input type="checkbox"/> Sheet Set (Size: T F Q K)</li> <li><input type="checkbox"/> Blanket (Size: T F Q K)</li> <li><input type="checkbox"/> Comforter (Size: T F Q K)</li> <li><input type="checkbox"/> Mattress (Size: T F Q K)</li> <li><input type="checkbox"/> Headboard/Frame</li> <li><input type="checkbox"/> Hangers</li> </ul> | <p><b><u>BATHROOM:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bath/Hand Towels</li> <li><input type="checkbox"/> Washcloths</li> <li><input type="checkbox"/> Bathmat</li> <li><input type="checkbox"/> Shower Curtain/Rings</li> <li><input type="checkbox"/> Shower Rod</li> <li><input type="checkbox"/> Wastebasket</li> <li><input type="checkbox"/> Toiletries</li> <li><input type="checkbox"/> Laundry Basket</li> <li><input type="checkbox"/> Cleaning Supplies</li> <li><input type="checkbox"/> Washer/Dryer</li> </ul>   |                                     |                                     |                                 |                                    |                                  |                                    |                                    |                                  |
| <p><b><u>KITCHEN:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Table/Chairs – SM/LG?</li> <li><input type="checkbox"/> Dishes/Platter</li> <li><input type="checkbox"/> Silverware/Utensils</li> <li><input type="checkbox"/> Glasses/Mugs</li> <li><input type="checkbox"/> Pots/Pans</li> <li><input type="checkbox"/> Baking Dish/Sheet</li> <li><input type="checkbox"/> Mixing Bowls/Meas Cups</li> <li><input type="checkbox"/> Potholders/Towels</li> <li><input type="checkbox"/> Can Opener</li> <li><input type="checkbox"/> Trash bin</li> </ul> | <p><b><u>ELECTRONICS:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lamp (Qty: ____)</li> <li><input type="checkbox"/> TV</li> <li><input type="checkbox"/> DVD Player/DVDs</li> <li><input type="checkbox"/> VHS Player/VHS tapes</li> <li><input type="checkbox"/> Radio/Alarm Clock</li> <li><input type="checkbox"/> Microwave</li> <li><input type="checkbox"/> Toaster Oven/Toaster</li> <li><input type="checkbox"/> Coffee Pot</li> <li><input type="checkbox"/> Crock Pot/Elect Grill</li> <li><input type="checkbox"/> Hand Mixer/Blender</li> </ul>               | <p><b><u>NOTES/SPECIAL NEEDS:</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Wheelchair</td> <td style="padding: 2px;"><input type="checkbox"/> Efficiency</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Walker</td> <td style="padding: 2px;"><input type="checkbox"/> 1 Bedroom</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Depends</td> <td style="padding: 2px;"><input type="checkbox"/> 2 Bedroom</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> ADA Needs</td> <td style="padding: 2px;"><input type="checkbox"/> 2 Baths</td> </tr> </table> | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Efficiency | <input type="checkbox"/> Walker | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> Depends | <input type="checkbox"/> 2 Bedroom | <input type="checkbox"/> ADA Needs | <input type="checkbox"/> 2 Baths |
| <input type="checkbox"/> Wheelchair  | <input type="checkbox"/> Efficiency  |  |                                     |                                     |                                 |                                    |                                  |                                    |                                    |                                  |
| <input type="checkbox"/> Walker  | <input type="checkbox"/> 1 Bedroom   |  |                                     |                                     |                                 |                                    |                                  |                                    |                                    |                                  |
| <input type="checkbox"/> Depends   | <input type="checkbox"/> 2 Bedroom   |  |                                     |                                     |                                 |                                    |                                  |                                    |                                    |                                  |
| <input type="checkbox"/> ADA Needs   | <input type="checkbox"/> 2 Baths   |  |                                     |                                     |                                 |                                    |                                  |                                    |                                    |                                  |

Please note that Streets of Paradise Inc. is a **volunteer and donation driven** 501(c)(3) Florida non-profit corporation serving Sarasota and Manatee Counties. As such, we will do our best to fulfill all requests. For more information about our organization, please visit [www.streetsofparadise.org](http://www.streetsofparadise.org).

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**SOP USE ONLY:** Scheduled Delivery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: (4-hour window) \_\_\_\_\_  
 SOP Delivery Coordinator: \_\_\_\_\_ SOP Follow-up Team Member : \_\_\_\_\_