



*A partnership to address the problem of homelessness and lack of affordable housing in Bucks County*

**INTERFAITH HOUSING DEVELOPMENT CORPORATION  
OF BUCKS COUNTY**

## **IHDC 'Fresh Start' Donation Center**

**Fresh Start** is a one-time post-homelessness assistance program that depends on donations of furniture and household items by individuals and business from within Lower and Central Bucks County. **Fresh Start** relies on volunteers to provide direction in the furniture warehouse. Client referrals are received from over 50 agencies and churches.

Each client can choose from a variety of functional furniture and housewares at no cost from our existing inventory. **Fresh Start** serves approximately five families weekly. It is necessary that each client provide helpers and transportation for the selected items.

Fresh Start appointments are scheduled from one to three weeks in advance. Almost one-third of clients fail to cancel or keep their appointments. **Clients should be strongly encouraged to arrive at the appointed time or to cancel an appointment they cannot keep. If you know that a client needs to reschedule an appointment, please have them contact us.**

**If a client fails to keep an appointment, and we have not been notified, the appointment will not be rescheduled.**

To receive service from **Fresh Start**, clients **MUST** be referred from a church, counselor or case worker, and **MUST** have been homeless within the past two years, and live, work or worship in Bucks County. Clients must also supply a list of needed furniture (see attached form), and provide their own transportation and two movers or assistants to pick up the items from our warehouse. One of our volunteers will contact each client directly to set up an appointment schedule. Please be sure to provide contact information for your client on the referral form. Referrals without sufficient contact information cannot be added to our referral list until they are completed.

Please be aware that **Fresh Start** is currently experiencing delays in scheduling clients due to an overwhelming demand for furniture and assistance. We ask that you have patience at this time.



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## Fresh Start Item Request Form

Caseworker:	Agency:	Phone:	
Client's Name:	Client's Phone #:		
Spouse's Name:			
Children:	Name:	Sex:	Age:
	Name:	Sex:	Age:
	Name:	Sex:	Age:
	Name:	Sex:	Age:
	Name:	Sex:	Age:
	Name:	Sex:	Age:

Date Client will have keys: \_\_\_\_\_

<b>Furniture Items Needed:</b>	<b>Number:</b>	<b>Household Items Needed:</b>	<b>Number:</b>
Adult Bed (K, Q, F)	_____	Dishes	_____
Child's Bed (T, Bunk)	_____	Eating Utensils	_____
Bed Frames (K, Q, F, T)	_____	Glasses	_____
Chest of Drawers	_____	Pots/Pans	_____
Dresser	_____	Sheet Set (K, Q, F, T)	_____
Night Stand	_____	Blanket (K, Q, F, T)	_____
Kitchen Table/Chairs	_____	Bedspring (K, Q, F, T)	_____
Sofa	_____	Mattress Cover (K, Q, F, T)	_____
Loveseat	_____	Towel Sets	_____
Living Room Chair	_____	Other	_____
Coffee Table	_____	Other	_____
End Table	_____	Other	_____
Lamp	_____	Other	_____

We would like to request that clients only ask for things that they do not have. We do not always have all of the items that are listed, and very seldom have items that are not listed.

Please fax to 215-945-8699, attn. Fresh Start Donation Center  
OR  
Email to [ssikora@ihdcbc.org](mailto:ssikora@ihdcbc.org)