Home Warming Program
Household Items Request Form

Home Warming Program Info:
Sponsoring Church:

Coordinator(s):
Phone:

Today's Date: **Moving Date: TBD** **City:TBD**

Family Name: **Children ages:** _____**# People in Family**

Family will need financial assistance with move-in costs _____

For additional information, Contact Jean Morgan (510.252.0910 x 804). Email: jmorgan@abodeservices.org

KITCHEN	AMOUNT
Dishes	1 set
Pots & Pans	1 set
Glasses / Cups	Set of 8
Mixing Bowls	1 set
Baking dishes	1 set
Coffee pot	1
Toaster	1
Microwave	1
Flatware	Set for 8
Rice Cooker	
Kitchen towels & Dish Cloth	
Can Opener	
Blender	
Crock Pot	
Garbage can / Liners	
Kitchen Table	
Kitchen Chairs	
OTHER ITEMS	
Cleaning Products	YES
Kitchen spices & Condiments	YES
Paper Towels	Yes 4-6 rolls
Toilet Paper	Yes 12 -24 rolls
Laundry Detergerent	Yes
Laundry Basket	YES
Vacuum, Broom Swiffer floor cleaner, Sponges	

BEDROOM	Amount
Bed	
Mattress / Box Spring	
Sheets	
Pillow Cases & pillows	
Blanket	
Comforter/bedspread	
Twin Bed / Baby Crib	
Mattress / Box Spring	
Sheets	
Pillow Cases/ Pillows	
Blanket	
Comforter/bedspread	
Dresser / Chest Drawers	
Night Stand	
LIVING Room	
TV	
Lamp	
Coffee Table & End table	
Sofa / Chair / Love Seat	
Bathroom	
Bath Towels	
Wash Clothes	
Rugs	
Shower Curtain/hooks	
Bath items; (soap, shampoo Lotion, etc	

Updated: July 10, 2014 J. Morgan