

CLIENT CHECKLIST

IMPORTANT:

Please initial each item indicating acceptance and understanding.

Sign at the bottom and bring to your appointment.

1. I understand that my shopping appointment is on ___/___/___ at _____(am). IF I CANNOT make it to the appointment at the scheduled time I must notify my caseworker at least 24 hours prior (before 10am the day before) to reschedule or there will be a **\$25 no show fee** assessed. _____
2. I am responsible for securing a vehicle large enough to pick up my items. I must arrive/check in with that vehicle or my appointment will be forfeited and at \$25 no show fee may be incurred. _____
3. If I do not pick up my furniture the day of my appointment, I will lose claim to it. _____
4. It is recommended to bring others (NO MORE THAN 2) to help load and secure items in my vehicle. I understand they will not be allowed on the shopping floor. _____
5. I have received a map (and/or) directions to the Furnishings Ministry from my case worker. _____
6. I must bring a picture ID to my appointment at the Furnishings Ministry. _____
7. I understand furniture & household items available are used/donated. _____
8. I understand the items offered to me are not to be used for barter, trade or resale. _____
9. I understand that Flourish Furnishings does not guarantee condition or quantity of any specific item when I shop. I cannot hold them liable for any real or perceived issues with the items I receive. _____
10. The shopping appointment is for me alone. _____
11. There is no use of cell phones while on the shopping floor. _____



12. **Children should not be brought to your appointment. IF I bring children** to the shopping appointment, I will also bring an adult to care for them during my shopping appointment. Flourish Furnishings **does not** have childcare facilities and children are not allowed in the shopping area. _____

13. I will be accompanied through the warehouse by a Furnishings Ministry representative for my appointment. The personal shopper will guide me through the process and communicate the guidelines for what is available to me based on availability at the time of shopping. No one else is allowed on the showroom floor. _____

X _____
(Client Signature)

(Date)

X _____
(Client Name Printed)

X _____
(Case Worker Printed Name)

(Agency)

Flourish Furnishings Client Services Number 816-946-8600
11971 Grandview Road, Grandview, MO 64030
Entrance is the SOUTH/DOCK side of the building

