



**HOME BASICS (TWEEDDALE) CO LTD**

**Walkerburn** Unit 7 Tweedvale Mills East Walkerburn EH43 6AB  
T 01896 870 455 E walkerburn@homebasics.org.uk

**Hawick** Croft Road, Hawick. TD9 9RD  
T 01450 363974 E hawick@homebasics.org.uk

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**Request for Furniture and Household Goods**

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This form must be completed by the referring agency.  
Please make sure that clients have the keys to their property and cash available to purchase items before making appointments.

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**Client Details**

<b>Name of Client</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Tel No.</b>	
<b>Mobile No.</b>	

**Items requested**


**I confirm that this is my first referral within the last 12 months.**

**Signed.....**

**Date.....**

### Agency Details

<b>Contact Name</b>	
<b>Name of Agency</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Email Address</b>	
<b>Date of request</b>	

**Has this person received a grant towards these items?**

**Yes / No**

**Source of grant** (eg Community Care Grant)

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**Important.** Please fill in the following information. The statistics we gain assist us in our applications for future funding.

Reason for need


How many people will benefit?

Adults		Children	
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