



CLIENT AUTHORIZATION FORM

~ A COMMUNITY SERVICES MINISTRY OF CAMP CHAPEL UNITED METHODIST CHURCH ~

The following person has been pre-screened by our agency and is approved to receive furniture from Camp Chapel United Methodist Church Furniture Ministry.

Client Name: _____

Address: _____

Phone Number: _____

Items Requested:

Name of Referring Agency: _____

Approved by: _____

(please print name)

Signature: _____

Case Worker Phone Number: _____

**THIS FORM MUST BE BROUGHT WITH YOU IN ORDER TO RECEIVE FURNITURE AND
HOUSEHOLD ITEMS.**

To make arrangements to receive your items please contact:

Camp Chapel United Methodist Church

5000 East Joppa Road

Perry Hall, Maryland 21128

Phone: 410-256-5561

E-mail: office@campchapel.org

Website www.campchapel.org