



1536 Eureka Rd  
Roseville, CA 95661

**Project: My Own Bed**

Email or take a picture of this document and email it to the PMOB Team:  
pmob@northstatebia.org

Recommending Agency: \_\_\_\_\_  
Agency Contact and phone number: \_\_\_\_\_  
Date of request: \_\_\_\_\_

Last name of family: \_\_\_\_\_  
Street Address & zip code of family: \_\_\_\_\_  
\_\_\_\_\_

Number of children in home: \_\_\_\_\_  
Number of children who need a bed: \_\_\_\_\_  
# of children in age range & gender (F, M) who need a bed:  
0 - 2 years: \_\_\_\_\_ Gender: \_\_\_\_\_ 3 - 5 years: \_\_\_\_\_ Gender: \_\_\_\_\_  
5 - 9 years: \_\_\_\_\_ Gender: \_\_\_\_\_ 10 - 13 years: \_\_\_\_\_ Gender: \_\_\_\_\_  
14 - 17 years: \_\_\_\_\_ Gender: \_\_\_\_\_

Did the children previously have beds?            Y   N

Reason children don't have beds (now):  
\_\_\_\_\_  
\_\_\_\_\_

Is there space in the home for a bunk bed(s)?   Y   N

Has the family been homeless previously?        Y   N

Any other information or Special Circumstances you'd like to provide?  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for providing this information. In the program year 2021-2022, our goal is to serve 20 families in the Sacramento area. We know there are many worthy families and are interested in serving a diversity of families. The information you've provided above will help us meet that goal. Upon receiving this information, our team will follow-up with your contact person to confirm receipt of this form and discuss the next steps.