

OFFICE USE ONLY  
Date Received: \_\_\_\_\_  
Initials: \_\_\_\_\_

**Mission of Deeds, Inc.**  
6 Chapin Avenue, Reading, MA 01867  
Tel: 781-944-9797 Fax: 781-944-7697 www.missionofdeeds.org

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Date BOOKED: \_\_\_\_\_  
Initials: \_\_\_\_\_

**CLIENT REFERRAL FORM**

**CLIENT INFORMATION - SERVICING MIDDLESEX AND ESSEX COUNTIES**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Race (optional): American Indian or Alaska Native \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Asian \_\_\_\_\_ White or Caucasian \_\_\_\_\_  
Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Client Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

List the names and ages of all other adults and children living in the home.

Name	Age	Gender	Name	Age	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**AGENCY INFORMATION**

Referring Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Name of Caseworker: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Home Visit: \_\_\_\_\_ Caseworker's Initials: \_\_\_\_\_  
Has this client ever been serviced by Mission of Deeds? yes \_\_\_ no \_\_\_ If yes, when: \_\_\_\_\_  
Is this client currently scheduled to receive furniture from any other charitable organization? yes \_\_\_ no \_\_\_ Caseworker's Initials: \_\_\_\_\_  
Reason for Service (Check All That Apply): Disabled/ Illness \_\_\_ Elderly \_\_\_ Homelessness \_\_\_ Domestic Violence \_\_\_ Veteran \_\_\_  
Low Income \_\_\_ Natural Disaster \_\_\_ Bed-Bugs \_\_\_ Other \_\_\_\_\_

Explain why there is a need: \_\_\_\_\_  
\_\_\_\_\_

Furniture needs: (We will do our best to meet all requests. However, we cannot guarantee all requested items will be available on the day of the client's appointment.) \_\_\_\_\_  
\_\_\_\_\_

**CLIENT RESPONSIBILITIES**

- **CLIENT MUST CALL 781-944-9797 TO SCHEDULE AN APPOINTMENT** after this form is faxed to MOD.
- There will be no rescheduling of missed appointments. Clients eligible for service one time only.
- Client provides truck (ONE TRIP ONLY). Client should bring help for loading truck.
- Client must be on time for appointment. Late arrivals may not be serviced.
- If needed, client should bring translator.

\_\_\_ I have informed the client of their responsibilities.

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Time of Appointment: \_\_\_\_\_