

OFFICE USE ONLY
 Date Received: _____
 Initials: _____

Mission of Deeds, Inc.
 6 Chapin Avenue, Reading, MA 01867
 Tel: 781-944-9797 Fax: 781-944-7697 <https://missionofdeeds.org>

OFFICE USE ONLY
 Date BOOKED: _____
 Initials: _____

CLIENT REFERRAL FORM

CLIENT INFORMATION — SERVICING MIDDLESEX and ESSEX COUNTIES*

*also Chelsea, Revere and Winthrop in Suffolk County

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: _____
 Caseworker Name: _____ 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 _____
 Is this request related to COVID-19 ? Yes ___ No ___

Explain why there is a need: _____

Furniture needs: (We will do our best to meet all requests. However, we cannot guarantee all the 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 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: _____

OFFICE USE ONLY

Date of Appointment: _____
 Time of Appointment: _____