Mission of Deeds, Inc.

6 Chapin Avenue, Reading, MA 01867
Tel: 781-944-9797 Fax: 781-944-7697 https://missionofdeeds.org

CLIENT REFERRAL FORM

CLIENT INFORMATION — SERVICING MIDDLESEX and ESSEX COUNTIES*

*also Chelsea, Revere and Winthrop in Suffolk County

Client First Name: _____ **Date of Birth:** **Gender:**

Client Last Name:

Race/Ethnicity: 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: _____ **Alt. Phone:** _____

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

Name	Age	Gender	Name	Age	Gender

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 ____ Clients cannot receive service more than once

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 ____ New Immigrant/Refugee ____

Other

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:** _____