

Mission of Deeds, Inc.

6 Chapin Avenue, Reading, MA 01867

Tel: 781-944-9797 Fax: 781-944-7697 info@missionofdeeds.org

OFFICE USE ONLY

Date Received: _____

Initials: _____

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 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: _____

Name Age Gender Name Age Gender

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

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 ____

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: _____

OFFICE USE ONLY

Date of Appointment: _____

Time of Appointment: _____