

We are booking into February

**Mission of Deeds, Inc.**

6 Chapin Avenue, Reading, MA 01867

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

OFFICE USE ONLY

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

OFFICE

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: MA

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
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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 <input type="checkbox"/>	Elderly <input type="checkbox"/>	Homelessness <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Veteran <input type="checkbox"/>
	Low Income <input type="checkbox"/>	Natural Disaster <input type="checkbox"/>	Bed-Bugs <input type="checkbox"/>		
	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 e-mailed 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: \_\_\_\_\_