

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

OFFICE

We are booking into March  
**Mission of Deeds, Inc.**  
6 Chapin Avenue, Reading, MA 01867  
Tel: 781-944-9797 info@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 First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Client Last Name: \_\_\_\_\_

Race/Ethnicity: American Indian or Alaska Native  
Black or African American

Hispanic or Latino

Asian

White or Caucasian

Native Hawaiian or Other Pacific Islander

Other (specify) \_\_\_\_\_

Client Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: MA

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 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: \_\_\_\_\_