

Mission of Deeds, Inc.

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:

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.
- OFFICE USE ONLY

I have informed the client of their responsibilities.

Caseworker Signature: _____ **Date:** _____

OFFICE USE ONLY

Date of Appointment:

Time of Appointment: