

We are booking into April

Mission of Deeds, Inc.

6 Chapin Avenue, Reading, MA 01867
Tel: 781-944-9797 info@missionofdeeds.org

OFFICE

CLIENT REFERRAL FORM

OFFICE USE ONLY

Date Received: _____
Initials: _____

OFFICE USE ONLY

Date BOOKED: _____
Initials: _____

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

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: **Please DO NOT provide medical information**

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: _____

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Date of Appointment: _____

Time of Appointment: _____