

We are booking into June

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:

I confirm my client lives in Middlesex county, Essex county, Chelsea, Revere, or Winthrop

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:

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: