We are booking into August

OFFICE USE ONLY
Date Received: _____
Initials: _____

OFFICE

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

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

Only adults (18+) are eligible for referral

Client First Name: _____ Date of Birth: _____ Gender: _____

Client Last Name: _____ Preferred Language: _____

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: _____

Form Revised April 9, 2024