

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

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               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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  
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Time of Appointment: \_\_\_\_\_