



Home Visit Form – Assistance Needed

Lodge: _____ Date: _____

Lodge Member Completing Recommendation Form: _____

Lodge Officer Phone: _____

Mason's name: _____ Wife/widow's name: _____

Address: _____ Phone: _____

Who lives in the home with the Mason, wife, or widow:

Nature of need:

- Financial assistance
- Care management visit
- Information and or referral regarding benefits, Masonic resources, or local services
- Masonic Homes application
- Other: _____

Explain nature of the need:

What has been the lodge's response so far to address this need?

What MOS resources do you recommend to address this need?

How does the lodge plan to be involved with MOS in helping meet the member's long-term needs?

Additional comments:
