

Agency Survey Addendum: CLOTHING CLOSET

Agency Name:
Clothing Closet Address/Location:
So that we are able to get a clear picture of the services that you provide, please complete this form in addition to the main form. Indicate all that apply to your organization on a regular basis. This completed form will help us to make the most appropriate referrals to your organization. Clothing closet must be in an organized manner to qualify for UW211 database entry.
Please check all that apply to your organization.
Do you provide: <input type="checkbox"/> General Clothing Provision <input type="checkbox"/> Work Clothing <input type="checkbox"/> Clothing Vouchers <input type="checkbox"/> Baby Clothing <input type="checkbox"/> Plus Size Clothing <input type="checkbox"/> Diapers <input type="checkbox"/> Nursing/breastfeeding clothing <input type="checkbox"/> School Clothing/School Uniforms <input type="checkbox"/> Shoes <input type="checkbox"/> Children's Clothing <input type="checkbox"/> Adapted Clothing <input type="checkbox"/> Winter Clothing <input type="checkbox"/> Maternity Clothing <input type="checkbox"/> Disaster Related Clothing/Emergency Supplies
Please indicate the area(s) you serve. Choose specific count(ies) <u>or</u> cit(ies) <u>or</u> zip code(s), keeping in mind storage space and capacity (the amount of individuals your organization can serve.)
<input type="checkbox"/> Butts <input type="checkbox"/> Cherokee <input type="checkbox"/> Clayton <input type="checkbox"/> Cobb <input type="checkbox"/> Coweta <input type="checkbox"/> DeKalb <input type="checkbox"/> Douglas <input type="checkbox"/> Fayette <input type="checkbox"/> Fulton <input type="checkbox"/> Gwinnett <input type="checkbox"/> Henry <input type="checkbox"/> Paulding <input type="checkbox"/> Rockdale
Or Cities: or Zip Codes:
Please indicate required client documentation: <input type="checkbox"/> None Required <input type="checkbox"/> Picture ID/License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Proof of residence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other:
What languages are routinely spoken by clothing closet staff? <input type="checkbox"/> English only <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other(s):
What are your intake procedures? <input type="checkbox"/> Walk-in <input type="checkbox"/> Telephone <input type="checkbox"/> Appointment Only <input type="checkbox"/> Referral Only by:
Is there a fee for your service? <input type="checkbox"/> No Fee <input type="checkbox"/> Straight fee (specify):
Which days do you distribute? <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
What hours do you distribute?
How many households are served in an average month?: How many items are given to each family/individual?:
Answer the following questions concerning your current set up. Check all that apply.
Are items organized with: <input type="checkbox"/> Area with shelving <input type="checkbox"/> Area with hangers/racks <input type="checkbox"/> Separated by size, target group, etc. appropriately
Location of storage: <input type="checkbox"/> All storage and clothing is at program address <input type="checkbox"/> Some storage and clothing is at alternate site

Signature/Name/Title:

Date: