

## Agency Survey Addendum: FINANCIAL ASSISTANCE

So that we are able to get a clear picture of the services that you provide, and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization.

### Basic Information

Agency Name:

Address:

Phone:

City:

Fax:

Zip Code:

**Program Description** (write as much detail as possible):

**Please check the type of assistance given by agency.**

#### **Do you assist with:**

- |                                          |                                                |                                                |                                               |
|------------------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Electric        | <input type="checkbox"/> Rent                  | <input type="checkbox"/> Medical care expenses | <input type="checkbox"/> Automobile insurance |
| <input type="checkbox"/> Gas             | <input type="checkbox"/> Mortgage              | <input type="checkbox"/> Prescription          | <input type="checkbox"/> Automobile loan      |
| <input type="checkbox"/> Heating fuel    | <input type="checkbox"/> Rent Deposit          | <input type="checkbox"/> Dental care expenses  |                                               |
| <input type="checkbox"/> Water           | <input type="checkbox"/> Motel/Shelter payment |                                                |                                               |
| <input type="checkbox"/> Utility Deposit |                                                |                                                |                                               |
| <input type="checkbox"/> Telephone       |                                                |                                                |                                               |
| <input type="checkbox"/> Cable           |                                                |                                                |                                               |
| <input type="checkbox"/> Other(specify): |                                                |                                                |                                               |

**Please indicate the area(s) you serve. Choose specific count(ies) or cit(ies) or zip code(s) keeping in mind funding availability and the amount of individuals your organization can serve.**

- |                                         |                                  |                                   |                                   |                                |                                   |                                   |
|-----------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> All Metro Area | <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** Specific Cities:

**OR** Zip Codes:

**Please indicate required client documentation:**

- |                                             |                                           |                                             |                                                 |
|---------------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> None Required      | <input type="checkbox"/> Application form | <input type="checkbox"/> Picture ID/License | <input type="checkbox"/> Social Security Card   |
| <input type="checkbox"/> Proof of residence | <input type="checkbox"/> Proof of income  | <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Referral required from |
| <input type="checkbox"/> Other:             |                                           |                                             |                                                 |

**What clients are eligible for your services? (i.e. seniors, unemployed):**

Will you assist clients who receive govt. food stamps?  Yes  No

Will assist undocumented workers (illegal immigrants)?  Yes  No

Will you assist clients currently residing in subsidized housing (Section 8, public housing, HUD)  Yes  No

**Signature/Name/Title:**

**Date:**