

**Agency 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"/> Adapted Clothing                             | <input type="checkbox"/> Maternity Clothing |
| <input type="checkbox"/> Baby Clothing                                | <input type="checkbox"/> Nursing Clothing   |
| <input type="checkbox"/> Children's Clothing                          | <input type="checkbox"/> Plus Size Clothing |
| <input type="checkbox"/> Clothing Vouchers                            | <input type="checkbox"/> School Clothing    |
| <input type="checkbox"/> Diapers                                      | <input type="checkbox"/> Shoes              |
| <input type="checkbox"/> Disaster Related Clothing/Emergency Supplies | <input type="checkbox"/> Winter Clothing    |
| <input type="checkbox"/> General Clothing Provision                   | <input type="checkbox"/> Work Clothing      |

**Please indicate the area(s) you serve. Choose specific count(ies) or cit(ies) or 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:**

None Required     Picture ID/License     Social Security Card     Proof of residence  
 Birth Certificate    **Other:**

**What languages are routinely spoken by clothing closet staff?**  English only

Spanish     French     Chinese     Korean     Japanese     American Sign Language  
 Other(s):

**What are your intake procedures?**  Walk-in     Telephone     Appointment Only  
 Referral Only by:

**Is there a fee for your service?**  
 No Fee     Sliding Scale     Straight fee (specify):

**Which days do you distribute?**  Mon     Tue     Wed     Thu     Fri     Sat     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:**  
 Area with shelving     Area with hangers/racks     Separated by size, target group, etc.

**Location of storage:**  
 All storage and clothing is at program address  
 Some storage and clothing is at alternate site