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: City: Zip Code:
Phone: Fax:

PROGRAM DESCRIPTION: (write as much detail as possible):

Please check the type of services given by agency:

Service Payment Assistance:
☐ Electric ☐ Rent ☐ Medical Care Expenses
☐ Gas ☐ Mortgage ☐ Prescription Expenses
☐ Heating fuel ☐ Rent Deposit ☐ Dental care Expenses
☐ Water ☐ Motel/Shelter Payment
☐ Utility Deposit ☐ Automobile Insurance Payment
☐ Telephone ☐ Automobile Payment Assistance
☐ Other (specify):

Please indicate the area(s) you serve. Choose specific Count(ies) or City(ies) or zip code(s), keeping in mind funding availability and the amount of individuals your organization can serve.
☐ All Metro Area ☐ Butts ☐ Cherokee ☐ Clayton ☐ Cobb ☐ Coweta ☐ DeKalb
☐ Douglas ☐ Fayette ☐ Fulton ☐ Gwinnett ☐ Henry ☐ Paulding ☐ Rockdale

OR Specific Cities: OR Zip Codes:

Please indicate required client documentation:
☐ None Required ☐ Application form ☐ Picture ID/License ☐ Social Security Card
☐ Proof of residence ☐ Proof of income ☐ Birth Certificate ☐ Referral required from
☐ 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