

**Agency Addendum – *Clothing Closet***

Agency Name:

Clothing Closet Address/Location:

To get a clear picture of the services you provide and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read all the categories, and indicate all that apply to your organization regularly? This completed form will help us to make only the most proper 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 number of individuals your organization can serve.)***

- Butts     Cherokee     Clayton     Cobb     Coweta     DeKalb     Douglas  
 Fayette     Fulton     Gwinnett     Henry     Paulding     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