



**Agency Survey Addendum: FINANCIAL ASSISTANCE**

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.

**Basic Information**

Agency Name:

Address:

City:

Zip Code:

Phone:

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

**Please check the type of services given by agency:**

**Service Payment Assistance:**

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

**Please indicate the area(s) you serve. Choose specific County(ies) or City(ies) or zip code(s), keeping in mind funding availability and the number 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