



Agency Survey Addendum: CLOTHING CLOSET

Agency Name: _____

Please complete this form to give us a clear and complete picture of the services you provide and populations you serve. 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.

Clothing Closet Address/Location:

Types of Clothing Provided: Please check the type of payment assistance services given by agency:

- Adapted Clothing
- Baby Clothing
- Children’s Clothing
- Clothing Vouchers
- Diapers
- Disaster Related Clothing/ Emergency Supplies
- General Clothing Provision
- Maternity Clothing
- Nursing Clothing
- Plus Size Clothing
- School Clothing
- Shoes
- Winter Clothing
- Work Clothing
- Dental Care Expenses
- Other

Area(s) Served: Please indicate the area(s) you serve. Choose specific county or city or zip codes.

- Baldwin
 - Bibb
 - Crawford
 - Hancock
 - Houston
 - Jasper
 - Jones
 - Macon
 - Monroe
 - Peach
 - Putnam
 - Twiggs
 - Washington
 - Wilkinson
- Cities: _____
Zip Codes: _____

Required Documents: Please indicate required client documents.

- NONE Required
- Picture ID / License
- Proof of Residence
- Social Security Card
- Birth Certificate
- Other: _____

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

Please list other languages:

What are your intake procedure: 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:

Number of households are served in an average month:

Number of items are given to each family/individual:

Current Set-Up—Check All that Apply:

Items are organized with: Area with shelving Area with hangers/racks Separated by size, target group, etc

Location: All storage & clothing are at program address Some storage & clothing are at alternate site