Agency Survey Addendum: DISASTER RESPONSE

Agency Name: ___________________________________________________

Service Hours: ___________________________________________________

Eligibility: ______________________________________________________

Intake Procedure:  
- [ ] By Appointment  
- [ ] Telephone  
- [ ] Walk-In  
- [ ] Referral  
- [ ] Other: ____________________________________________________

Documents:  
- [ ] No Documents Required  
- [ ] Call for details  
- [ ] Birth Certificate  
- [ ] Case Worker Referral  
- [ ] Picture ID  
- [ ] Social Security Card  
- [ ] Proof of Residence  
- [ ] Other: ____________________________________________________

Area(s) Served: Please indicate the area(s) you serve.

- [ ] Baldwin
- [ ] Bibb
- [ ] Crawford
- [ ] Hancock
- [ ] Houston
- [ ] Jasper
- [ ] Jones
- [ ] Macon
- [ ] Monroe
- [ ] Peach
- [ ] Putnam
- [ ] Twiggs
- [ ] Washington
- [ ] Wilkinson

Additional Information: ______________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Disaster Donation Items (Check all that apply):

- [ ] Animal Food/Supplies
- [ ] Baby Clothing/Diapers
- [ ] Children Clothing
- [ ] General Clothing
- [ ] Underwear/Sleepwear
- [ ] Cleaning Products
- [ ] Drinking Water
- [ ] Food
- [ ] Respiratory Aid
- [ ] Walking Aid
- [ ] Wheel Chair
- [ ] Other:

Email completed form to: chughey@unitedwaycg.com
OR
Fax completed form to: 478.741.1731

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