



Agency Survey Addendum: FINANCIAL ASSISTANCE

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.

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Telephone | <input type="checkbox"/> Automobile Insurance Payment |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Rent | <input type="checkbox"/> Automobile Payment Assistance |
| <input type="checkbox"/> Heating fuel | <input type="checkbox"/> Rent Deposit | <input type="checkbox"/> Medical Care Expenses |
| <input type="checkbox"/> Water | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Prescription Expenses |
| <input type="checkbox"/> Utility Deposit | <input type="checkbox"/> Motel/Shelter Payment | <input type="checkbox"/> Dental Care Expenses |
| | | <input type="checkbox"/> Other |

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

- | | | |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> All 14 UWCG Counties | <input type="checkbox"/> Jones | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Baldwin | <input type="checkbox"/> Macon | <input type="checkbox"/> Wilkinson |
| <input type="checkbox"/> Bibb | <input type="checkbox"/> Monroe | Specific Cities: _____ |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Peach | _____ S |
| <input type="checkbox"/> Hancock | <input type="checkbox"/> Putnam | Specific Zip Codes: _____ |
| <input type="checkbox"/> Houston | <input type="checkbox"/> Twiggs | _____ |
| <input type="checkbox"/> Jasper | | |

Required Documents: Please indicate required client documents.

- | | | |
|---|---|--|
| <input type="checkbox"/> NONE Required | <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Application form | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Referral Required from: _____ |
| <input type="checkbox"/> Picture ID / License | <input type="checkbox"/> Proof of Income | <input type="checkbox"/> Other: _____ |

Eligibility/Client Criteria: What type of clients are eligible for your services? (i.e., seniors, unemployed, etc) Please list below.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | — Will you assist clients who receive govt. food stamps? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | — Will you assist undocumented workers (illegal immigrants)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | — Will you assist clients currently residing in subsidized housing (Section 8, public housing, HUD)? |