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:

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

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

- All 14 UWCG Counties
- Baldwin
- Bibb
- Crawford
- Hancock
- Houston
- Jasper
- Jones
- Macon
- Monroe
- Peach
- Putnam
- Twiggs
- Washington
- Wilkinson

Specific Cities: ________________________________

Specific Zip Codes: ________________________________

**Required Documents:** Please indicate required client documents.

- NONE Required
- Application form
- Picture ID / License
- Proof of Residence
- Social Security Card
- Proof of Income
- Birth Certificate
- Referral Required from: ________________________________
- Other: ________________________________

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

Please list below.

- Yes  No — Will you assist clients who receive govt. food stamps?
- Yes  No — Will you assist undocumented workers (illegal immigrants)?
- Yes  No — Will you assist clients currently residing in subsidized housing (Section 8, public housing, HUD)?