

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 Clothir Clothing Voucher	ng Eme	ergency Suppl	hing Provision		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.									
	Bibb E Crawford E	 Housto Jasper Jones Macon 		Monroe Peach Putnam Twiggs	□ □ Citio Zip	Washington Wilkinson es: Codes:			
Required Documents: Please indicate required client documents.									
	NONE Required Picture ID / Licens	se 🗆	Proof of Resi Social Securi			Birth Certificate Other:			
What languages are <i>routinely</i> spoken by clothing closet staff? English Only Please list other languages:									
What are your intake procedure: DWalk-In DTelephone DAppointment Only DReferral Only—By:									
Is there a fee for your service: INo Fee ISliding Scale IStraight 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 <u>organized</u> with: Area with shelving Area with hangers/racks Separated by size, target group, etc									
Loc	Location: All storage & clothing are at program address Some storage & clothing are at alternate site								