

Agency Survey Addendum: DISASTER RESPONSE

Agency Name:								
Service Hours:								
Eligibility:								
Int	Telephone		Doc	cuments: 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.								
Add	Baldwin Bibb Crawford Hancock ditional Information:			Houston Jasper Jones Macon		Monroe Peach Putnam Twiggs		Washington Wilkinson
Disaster Donation Items (Check all the apply):								
	Animal Food/Supplied Baby Clothing/Diape Children Clothing General Clothing Underwear/Sleepwe Cleaning Products	ers		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