



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.

- | | | | | |
|-----------------------------------|----------------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baldwin | <input type="checkbox"/> Houston | <input type="checkbox"/> Macon | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Bibb | <input type="checkbox"/> Jasper | <input type="checkbox"/> Monroe | <input type="checkbox"/> Putnam | <input type="checkbox"/> Wilkinson |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Jones | <input type="checkbox"/> Peach | <input type="checkbox"/> Spalding | |
| <input type="checkbox"/> Hancock | <input type="checkbox"/> Lamar | <input type="checkbox"/> Pike | <input type="checkbox"/> Twiggs | |

Additional Information: _____

Disaster Donation Items (Check all the apply):

- | | |
|--|--|
| <input type="checkbox"/> Animal Food/Supplies | <input type="checkbox"/> Drinking Water |
| <input type="checkbox"/> Baby Clothing/Diapers | <input type="checkbox"/> Food |
| <input type="checkbox"/> Children Clothing | <input type="checkbox"/> Respiratory Aid |
| <input type="checkbox"/> General Clothing | <input type="checkbox"/> Walking Aid |
| <input type="checkbox"/> Underwear/Sleepwear | <input type="checkbox"/> Wheel Chair |
| <input type="checkbox"/> Cleaning Products | <input type="checkbox"/> Other: |

Email completed form to: chughey@unitedwaycg.com

OR

Fax completed form to: 478.741.1731