

# Agency Survey Addendum: CLOTHING CLOSET

Name of Agency or Site where services are provided:

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We ask that you complete this form to provide a more detailed description of the services your agency provides. This will help assist us in providing the most accurate information to consumers and improve referrals made to your organization. Please complete this form in addition to the Agency and Site Survey forms. Read through all of the categories and **indicate all that apply** to your organization on a regular basis.

**Types of Clothing Provided:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Apparel (various types) | <input type="checkbox"/> Baby Clothes      | <input type="checkbox"/> Diapers                 |
| <input type="checkbox"/> Children's Clothes              | <input type="checkbox"/> Formal Wear       | <input type="checkbox"/> Work Clothes            |
| <input type="checkbox"/> Maternity Clothes               | <input type="checkbox"/> Plus Size Clothes | <input type="checkbox"/> School Clothes/Uniforms |
| <input type="checkbox"/> Winter Clothes                  | <input type="checkbox"/> Clothing Vouchers | <input type="checkbox"/> Shoes                   |

**Areas Served (fill out most appropriate):**

Specific Counties:

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Cities:

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Zip Codes:

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**Documentation Required:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None required      | <input type="checkbox"/> Picture ID/License | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Proof of residence | <input type="checkbox"/> Birth Certificate  |   |

Other (specify): \_\_\_\_\_

**Intake Procedures:**

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Walk-ins                | <input type="checkbox"/> Telephone | <input type="checkbox"/> Appointment Only |
| <input type="checkbox"/> Referral Only by: _____ |                                    |   |

**Fees:**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> No Fees | <input type="checkbox"/> Straight Fee of _____ |
|----------------------------------|--|

**Days and Hours of Operation:**

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**General Information:**

How many households are served in an average month? \_\_\_\_\_ How many items are given to each family/individual? \_\_\_\_\_

**Closet Organization (check all that apply):**

- Items are:  On shelves  On hangers/racks  
 Appropriately separated by size, target group, etc.

- Storage Location:  All storage and clothing is at program address  
 Some storage and clothing at alternate address

\_\_\_\_\_  
*Signature/Title*

\_\_\_\_\_  
*Date*