

## Partner Questionnaire

All agencies and organizations participating in the MARC should complete the following prior to close of business (insert date prior to MARC). Please return completed forms to (insert point of contact email address).

Agency Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Site Contact/Attendee(s): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

How many people will be attending from your organization? \_\_\_\_\_

Will you accept event based/spontaneous volunteers who show up to help at the MARC?  Y  N

Please describe the services you will provide to clients at the MARC:

Case Management:  Y  N

Housing Repair/Clean-up/Debris Removal:  Y  N (Describe) \_\_\_\_\_

Client Transportation:  Y  N (Describe) \_\_\_\_\_

Direct Client Assistance:

1. Description (Security/rent, food, furnishings, etc.): \_\_\_\_\_

How is this provided? (Voucher, gift card, other): \_\_\_\_\_

Will clients receive assistance immediately or do they apply and then wait for a response at a later time? \_\_\_\_\_

2. Do you provide benefits on a primary (i.e. first dollar) or excess (i.e. when other agencies' benefits have reached a limit for a client)? \_\_\_\_\_

Describe your client demographic (e.g. age, geographic area, income guidelines, services, primary/secondary home, Medicaid/Medicare eligibility, etc.). Please be as specific as possible as to how clients are considered "eligible" vs. "ineligible" so that clients can be appropriately directed to your service area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be handing items out at the MARC?  Y  N Describe: \_\_\_\_\_

\_\_\_\_\_