

**Agency Partnership Application**  
**Human Needs Crisis Network**

**Agency** \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

**Contact Person** \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Role or Position with Agency \_\_\_\_\_

- Staff
- Volunteer

**Assistance Available**

Days of week:    SUN        MON        TUE        WED        THU        FRI        SAT

Hours of Day: \_\_\_\_\_

**Agency's Assistance Resources**

This information will be utilized in the *Church Resource Guide* available to *Human Needs Crisis Network* partner churches only.

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Clothing             | <input type="checkbox"/> Gas                |
| <input type="checkbox"/> Rent      | <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Prescription Costs |
| <input type="checkbox"/> Food      | <input type="checkbox"/> Furniture            | <input type="checkbox"/> Other (list below) |

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

- We agree to receive the completed Shared Intake form of the *Human Needs Crisis Network* (HNCN) as a sufficient means for our Agency to consider providing assistance to clients with whom an HNCN partner Church is working.

Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

Office Use
Area _____
Level _____
Date _____

**Return Completed Form to:**

*Human Needs Crisis Network* \* PO Box 71486 \* North Charleston, SC 29415  
www.charlestonoutreach.org \* 843.723.4571 x-103 \* Fax 843.747.2028 \* [info@charlestonoutreach.org](mailto:info@charlestonoutreach.org)