

Santa for Seniors New Recipient Partnership Information Form

Thank you for your interest in being a Santa for Seniors partnering recipient. For us to consider your agency/organization as a new partner, please provide the following information:

Agency Contact and Address Information

Name of Agency or Organization _____

Agency Director _____ Title _____

Address _____

Address 2 _____

City _____ State _____ Zip Code _____

Agency Phone Number _____

Contact Person _____ Title _____

Phone Number _____ Email _____

Agency Information

Please indicate the type of agency/organization:

☐ **Low-income or Affordable Housing Community:** Describe how you are an affordable senior housing community _____

☐ **Assisted Living Facility:** Percentage of residents on Medicaid _____

☐ **Nursing Home:** Percentage of residents on Medicaid _____

☐ **Food Bank:** How do you serve seniors in the community? _____

☐ **Home Care:** Who are your clients? _____

☐ **Home Delivered Meal Programs:** What is your funding source? _____

☐ **Other** _____

How long has your organization been serving the community? _____

What is your geographic service area? _____

How did you hear about us? _____



A PROGRAM OF LUTHERAN
COMMUNITY SERVICES NW

For more information, contact:

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