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? ____________________________________________________________

For more information, contact:
Susan Nocella, Program Manager
Email: snocella@lcsnw.org