



Love INC  
Love In the Name of Christ

## Agency Information Tri-County Love INC 2008

Agency \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

TTY \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site \_\_\_\_\_

Hours \_\_\_\_\_

1. What needs does your agency meet?

2. What special types of individual/family needs can churches help meet?

3. What services or projects can church volunteers do that would help meet gaps in services?



4. Suggestions concerning the client referral process:

5. Other comments:

Please return this form to: