

Georgia C&A Consumer Supports Program

VENDOR RECRUITMENT FORM

*Please fill out in as much detail as possible the following:

VENDOR INFORMATION:

Agency: _____ Contact: _____ or

Name: _____ Phone Number: _____

Primary Email Address for Project Communication: _____

Street Address: _____ Apt/Suite # _____

City: _____ State: _____ Zip Code: _____

Please indicate the service type:	Respite <input type="checkbox"/>	Goods <input type="checkbox"/>
Housing Needs <input type="checkbox"/>	Support Services <input type="checkbox"/>	Transportation <input type="checkbox"/>

Comments (availability, hours of operation, current/active credentials, license etc.):

Does the above vendor currently provide the service listed? Yes: _____ No: _____

If no, please explain why you are recommending this vendor to participate in the program:

COMPLETED BY:

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Agency: _____

Street Address: _____ Apt/Suite # _____

City: _____ State: _____ Zip Code: _____

*If interested in providing more than one service please continue on the back