



# STREETCRED

## New Site Inquiry Application

### CONTACT INFORMATION

Name (Last, first, middle initial)		Clinic/Organization Name	
Phone		Registered organization address City, State ZIP Code	
Email		How did you hear about us?	
Position Title & Department (if applicable)		<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Advertisement (Radio, TV, Print) <input type="checkbox"/> From a Friend <input type="checkbox"/> Other	

### OVERVIEW

What is your primary patient population?

- How many patients are seen on a yearly basis?
- What percent of your patient population is on Medicaid?
- What percent of your patient population is uninsured?
- What percent of your patient population is ≤ 18 years old?

Would your clinic/organization be able to provide the following?

- Onsite Partner Liaison\*  Yes  No  Unsure
- Semi-private space for StreetCred to reside from January through April  Yes  No  Unsure
- Computers with secure internet and printing capability  Yes  No  Unsure
- Printer, scanner, and photocopier  Yes  No  Unsure
- Locking file storage  Yes  No  Unsure

Would your clinic/organization be able to provide funding\*\*?

Yes, we have the funds  
 No, but we could get funding from local resources  
 No, we would need funding  
 Unsure

Is there a free tax preparation site located near your clinic/organization? **If yes**, what is the name of the organization?

Does your clinic/organization have resources to find volunteer tax preparers? (e.g. Universities, community groups, etc.)

Does your clinic/organization have ties to different programs assisting with financial well-being, job training, and child care?

Why is your organization interested in partnering with StreetCred?

Is there anything else you would like us to know?

### \*PARTNER LIAISON

This is an important role and integral to the success of your StreetCred program. This role will work closely with StreetCred's central staff to facilitate the creation of a tax site within your clinic/organization.

Name (first, last, middle initial)		Phone	
Position Title & Department (if applicable)		Email	

### \*\*FUNDING

We estimate an annual budget of \$10,000 to run a StreetCred tax site at your clinic/organization. Site Coordinator pay represents the majority of this amount.

### SIGNATURE

Signature		Date	
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**Next Step:** We will be reaching out to you regarding your application within 5-7 business days. If you have any additional questions, please don't hesitate to reach out to [info@mystreetcred.org](mailto:info@mystreetcred.org).