



Assistance Impact Statement

We hope you had a positive experience working with Northwestern Illinois Community Action Agency (NICAA) and one of our programs. Thank you for sharing your story and helping us reach more people who may be able to benefit from our services.

First Name:		Last Name:	
Email Address:		Phone:	
Address:		County:	

NICAA Programs – Please select accordingly		
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> CSBG	<input type="checkbox"/> HRAP/HOME
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Golden Meals	<input type="checkbox"/> Head Start

Your NICAA Experience – How have our services supported you and/or your community? Please help us by sharing in as much detail as possible.



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Your NICAA Experience Continued:

Referral Source			
<input type="checkbox"/> NICAA Website	<input type="checkbox"/> LIHEAP Program	<input type="checkbox"/> CSBG Program	<input type="checkbox"/> HRAP/HOME Program
<input type="checkbox"/> Head Start Program	<input type="checkbox"/> Golden Meals Program	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Community Event
<input type="checkbox"/> Organization:		<input type="checkbox"/> Other:	

I certify that I understand my statement and agree to have my story shared as set for by the Terms and Conditions of Northwestern Illinois Community Action Agency.	
Signature:	
Date:	

<input type="checkbox"/>	I prefer my name to be changed when using my story. Please use the following name:	NAME:	
<input type="checkbox"/>	I DO NOT want to be contacted to share my story and help others learn about Northwestern Illinois Community Action Agency programs and opportunities.		

*** Please return this form to NICAA at nicaa125@nicaa.org or at our office at 27 S. State Ave., Freeport, IL 61032 *****