



Intake #: _____

PLEASE PRINT

*Name: _____ *Date of Birth: ____/____/____
(Head of Household ONLY – 1 Name)

Spouse's Name: _____ Date of Birth: ____/____/____
(DO NOT list Deceased, Fiancé, Boyfriend or Girlfriend, enter in Other Household Members Field)

*Physical Address: _____ Apartment #: _____

*City: _____ *State: _____ *Zip Code: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

*Phone: (____) _____ - _____ or *Cell Phone: (____) _____ - _____

Employer: _____ Work Phone: (____) _____ - _____

Occupation: _____ *Driver's License #: _____

*Injured Due to Event: Yes No If injured; Name: _____

*Medical Attention: Yes No Name of Treatment Facility: _____

If yes, brief description of injury: _____

*Please describe type of loss and amount: _____

Wage Loss Claim: *Required letter from employer on company letterhead advising rate of pay, dates & # hours missed*

Employer Letter Attached: Yes No

Did you evacuate to a HOTEL? Yes No If yes, which one? _____

Did you check in under your name? Yes No If not, then who? _____

How many days did you spend at the hotel? _____ How many rooms did you require? _____

What room #'s did you occupy? _____, _____, _____, _____, _____, _____

List all OTHER members of your household: *Fiancé, Boyfriend, Girlfriend, Child, Grandchild, etc... (use back for additional names)*

DO NOT INCLUDE HEAD OF HOUSEHOLD OR SPOUSE LISTED ABOVE

Full Name	Date of Birth	Relationship
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

*Date: ____/____/____ *Signature: _____

PLEASE PRINT using black or blue ink