

Please Identify Any Household Members Who Are:

LIST ALL NAMES

_____ Active Military: _____
 _____ Veteran: _____
 _____ Clergy: _____
 _____ Disabled: _____
 _____ Elderly: _____
 _____ Single Parent: _____
 _____ Medical Issues: _____
 _____ Please Describe Issues/Concerns: _____
 _____ Mental Health Issues: _____
 _____ Please Describe Issues/Concerns: _____
 _____ Needs Interpreter: _____
 _____ List Language(s): _____

IDENTIFY AMOUNT OF DISASTER ASSISTANCE RECEIVED SINCE THE EVENT:

Red Cross: _____ Salvation Army: _____ Knights of Columbus: _____

Catholic Charities: _____ Other Organization (Name & \$): _____

Did you have any insurance? Y / N If yes, what type: _____

Do you have an estimate on your loss yet? Y / N If yes, \$ _____

Have you filed a claim with insurance yet? Y / N If yes, Amount Expected \$ _____

Have you received insurance payment for your losses? Y / N If yes, \$ _____

What would help you most immediately? (please list what you see as your most urgent needs)

What are you seeking assistance with today?

What do you think some of your needs might be in the next 30-90 days?

Would you or anyone in your household like the assistance of a mental health counselor? Y / N

Please list the name(s) of any referrals: _____

Who (if anyone) referred you to: _____

Date Completed: _____ Name of Person Completing Application: _____

Signature of Person Completing Application: _____
With my signature, I am verifying that all the information provided is complete and accurate.

Contact Information of Person Completing the Application *if you are not listed* as a member of the household unit: _____