

**Disaster Recovery  
Aid Request Form**



**To Be Completed by Disaster Aid Applicant (if possible):**

First and last name:		
Address affected:		Rent or Own?
City, state zip:		
Phone and email address:		
Number of people in home (ages):	#Children:	#Adults:
Number of disabled/at-risk persons:	#Disabled:	#Aged 60+:
Type of disaster event:		
Date(s) of disaster event:		

Please describe type of assistance needed (food, home repair, transport, medical, counseling):


Please provide the following information (circle applicable items):

Monthly household income*:	\$		
Aid received from other agencies?	YES	NO	Describe:
Damage to primary residence?	YES	NO	Describe:
Homeowner's insurance?	YES	NO	Deductible \$
Homeowner's flood insurance?	YES	NO	Deductible \$
Utility bills provided/attached?	YES	NO	Jan   Feb   Mar

Other relevant details:


**Applicant Certification:**

By signing this form, I affirm the above information is accurate to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A person who obtains, or attempts to obtain, by fraudulent means any disaster aid to which he or she is not entitled may be prosecuted under applicable state and federal laws.

\* Income from all sources (wages/salary, business, investments, SSI, SSDI, social security, retirement, child support, unemployment, etc.) for all persons living at the primary address.

Agency Reviewer/Case Manager/Preparer/Advocate:

Reviewer First/Last Name	Agency Name	Date Reviewed

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**Aid Assessment by Big Country VOAD Agency:**

**Eligibility Assessment:**

Monthly household income at or below 250% of poverty level for household size?	YES	NO	
Utility bills for Jan, Feb, Mar provided?	YES	NO	
Was there a spike in utility costs in February?	YES	NO	
Is the most recent utility bill past due?	YES	NO	
Other, if applicable:			
	YES	NO	
	YES	NO	
	YES	NO	

**Describe any short-term needs the survivor cannot meet without assistance:**


**Funding Approved by Awarding Agency, if Applicable:**

Name of utility company:	
Payment amount:	
Payment method:	
Date paid:	
Other:	

**Approval Signature on Behalf of Awarding Agency:**

Date	Printed Name & Signature	Agency Name

**Post-Assessment Communication to Survivor of Decisions Made by Agency:**

Communication Date	Person Who Contacted Survivor	Contact Method (Phone, Email)