



The Spirit of Giving Fund

646 S. Flores St., San Antonio, TX 78204
 Email: info@spiritofgiving.org

SUTHERLAND SPRINGS (2017) EMERGENCY ASSISTANCE INTAKE FORM

| | | |
|-----------------|---|--|
| REFERRAL | Referring Agency: | |
| | Referring Agency Contact: (Name, Phone, Email) | |
| | FEMA #: <i>(if declared disaster)</i> | |

| | | |
|----------------------------|---|--|
| CONTACT INFORMATION | Application Date: | |
| | Name of Applicant: | |
| | Phone Number: | |
| | Physical Address: | |
| | Mailing Address: <i>(if different)</i> | |
| | E-mail Address: | |
| | Alternate Point of Contact: (Name, Phone, Email) | |

| HOUSEHOLD | Household Members | Relationship | Gender | Date of Birth | Status | Notes |
|------------------|-------------------|--------------|--------|---------------|--------|-------|
| | | HOH | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Status Codes: I = Injured during Incident; D = Deceased due to Incident; M = Missing; SN = Disabled/Special Needs;
 NE = Non-English Speaking



The Spirit of Giving Fund

646 S. Flores St., San Antonio, TX 78204
 Email: info@spiritofgiving.org

SUTHERLAND SPRINGS (2017) EMERGENCY ASSISTANCE INTAKE FORM

| | | | | |
|--|---|---|--|--|
| EMERGENCY ASSISTANCE ASSESSMENT | Briefly Describe your needs because of the incident: | | | |
| | Please check all incident-related needs that apply: | | | |
| | <input type="checkbox"/> CLOTHING, New | <input type="checkbox"/> CLEAN-UP ASSISTANCE, Labor | | |
| | <input type="checkbox"/> CLOTHING, Thrift Store | <input type="checkbox"/> ENERGY, Utilities | | |
| | <input type="checkbox"/> GROCERIES | <input type="checkbox"/> HOUSING, Rental / Mortgage | | |
| <input type="checkbox"/> INFANT FORMULA, Baby Supplies | <input type="checkbox"/> PROPERTY, Appliances | | | |
| <input type="checkbox"/> TRANSIENT LODGING, Shelter or Hotel | <input type="checkbox"/> PROPERTY, Furniture | | | |
| <input type="checkbox"/> EMOTIONAL & SPIRITUAL CARE | <input type="checkbox"/> PROPERTY, Household Goods | | | |
| <input type="checkbox"/> MEDICAL, Prescriptions | <input type="checkbox"/> PROPERTY, School / Work | | | |
| <input type="checkbox"/> MEDICAL, Treatment/Therapy | <input type="checkbox"/> REPAIRS, Emergency Home | | | |
| <input type="checkbox"/> FUNERAL | <input type="checkbox"/> REPAIRS, Home Reconstruction | | | |
| <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> LOST WAGES | | | |
| <input type="checkbox"/> VEHICLE REPAIR | <input type="checkbox"/> OTHER | | | |
| <input type="checkbox"/> CLEAN-UP ASSISTANCE, Supplies | <input type="checkbox"/> OTHER | | | |
| <input type="checkbox"/> LOST WAGES State Date ___/___/___ Ending Date ___/___/___ | | | | |
| Further Notes / Explanation: | | | | |

| | | | | | |
|---------------------------|---|------------------------|-----------------|----------------------|--------------|
| HISTORY OF SUPPORT | Please provide a list of significant aid that you have received or plan to receive due to incident | | | | |
| | Organization Providing Support | Type of Support | | | |
| | | Goods | Services | Monetary/Cash | Other |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|--------------------------------|--|--------------|--|
| Applicant Name (print): | | | |
| Applicant Signature: | | Date: | |