

United Way Disaster Intake Sheet Hurricane Idalia

Date: _____

Name: _____

Date of Birth: _____

Telephone #: _____

Alternate Phone #: _____

Email: _____

Address at Time of Event: _____

Current Mailing Address: _____

Please List Below Everyone That Lives In Your House:

Name	Relationship	Sex	Age
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____ Insured (Y/N)
____ Rent ____ Own
____ Site Built ____ M/H
____ City Limits ____ County
____ Minor Damage
____ Major Damage
____ Destroyed

What are the damages: _____

Primary need today: _____

Additional needs: _____

Signature: _____

Referred To: (For Office Use Only)

____ Catholic Charities Other: _____

____ Christian Service Center Other: _____

____ SREC Other: _____