

EVENT: _____ DATE: ____/____/____ STAFF: _____

Business Name: _____ (enter name if address is not a residence)

Can work without resident present? Yes No
 Call Before Starting? Yes No
 Primary Phone: _____
 Secondary Phone: _____

Residence (Primary) Residence (Secondary) Commercial Non-Profit Municipal Other _____

ADDRESS **BUILDING STATUS** **NEEDS (General)**

 City/Zip Code _____ / _____
 "head of household" is: owner renter
CURRENT ADDRESS (If Different)

 City/Zip Code _____ / _____

Inhabitable? Yes No
 Gas On Off Unk N/A Repair
 Water On Off Unk N/A Repair
 Electricity On Off Unk N/A Repair
 Other Hazards On Off Unk N/A Repair

Muck Out Clothing
 Gutting Housing
 Demolition Food
 Debris Removal
 Tree/large item removal
 Repair/Rebuild
 Basement Pump Out
 Secure Building
 Move Out Assistance
 Toiletries
 Cleaning Supplies

NEEDS (Details)

 Shelter Motel/Hotel Renting
 Friend/Relative Community Member

HOUSEHOLD MEMBERS- Please make an entry for every person using the location as a primary residence

Name	Relationship	M/F	Age	List Any Special Needs (medical or other)
	head of household			

ADDITIONAL INFORMATION (Optional. This information will assist us in determining which types of aid you may be eligible for)

A resident of the house is age 55 or over
 Household's annual income falls below local/county poverty line
 Household is insured
 Household is insured for flood damage
 Household occupant qualifies for HEAP or other home or living assistance aid program

Initial: _____ I (head of household) give Chautauqua County Emergency Services permission to share this information with other relief organizations and providers that may be willing to assist.

ADMINISTRATIVE USE ONLY
 Digital Record Number: _____ FEMA Number: _____