

**SWO Natural Disaster and Fire
Emergency Assistance Intake**

Person taking report, date and contact info: _____

Applicants name and info: _____

Incident: (Please state what happened, who was at risk or involved, when and where this event took place)

What is your current situation: (Please state current lodging arrangements, how your life was affected, emergency medical care needs, do you need food or clothing?)

What agencies have already been contacted and what steps have already been taken? Tribal and Non-Tribal:

PLEASE PRINT CLEARLY

Emergency Management Services
Application for Assistance
Flooding

DATE: _____

NAME: _____

HOME ADDRESS: _____

OWN HOME
RENT

TRIBAL ENROLLMENT NUMBER: _____

DISTRICT: _____

MARRIED
SINGLE

NUMBER OF DEPENDENTS: _____

SPOUSE NAME: _____

DISABLED
YES
NO

TYPE OF EMERGENCY: _____

DESCRIPTION:

LIST EACH HOUSEHOLD MEMBER:

RELATIONSHIP

NAME: _____	AGE: _____	_____
NAME: _____	AGE: _____	_____
NAME: _____	AGE: _____	_____
NAME: _____	AGE: _____	_____
NAME: _____	AGE: _____	_____
NAME: _____	AGE: _____	_____
NAME: _____	AGE: _____	_____

OFFICE USE ONLY	APPROVED BY:	DENIED BY:
RECEIVED BY:	AMOUNT:	CHECK NUMBER:
NOTES:		

Applicant Signature _____

Date: _____