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| --- | --- | --- | --- | --- | --- |
|  | Disaster Relief # | | FEMA # | | |
| Applicant Last Name | | Applicant First Name | | Spouse Last Name | | Spouse First Name | |
| Phone | | Alternate | | Phone | | Alternate | |
| Pre-Disaster Address | Street Address | | | | City | State | Zip Code |
| Current Address | Street Address | | | | City | State | Zip Code |
| Living Status  Apartment \_\_  Single Family Home\_\_  Mobile Home\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ownership  Rent\_\_\_\_  Own\_\_\_\_  Rent to Purchase\_\_\_\_ | | | | Damage to Residence  Destroyed\_\_\_  Major\_\_\_\_  Minor\_\_\_\_  None\_\_\_\_\_ | Number Living in the home | Status  All Well \_\_  Injured\_\_\_  Missing\_\_\_  Killed\_\_\_ |

**Family Intake Sheet**

Family Composition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Each Family Member | Relationship to Applicant | Age | Gender | Ethnicity | Notes |
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|  |  |  |  |  |  |
| Name of Each Family Member | Relationship to Applicant | Age | Gender | Ethnicity | Notes |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Ethnicity as identified by family**.

Codes

African American or Black 1

Native American or Alaska Native 2

Asian 3

Hispanic or Latino 4

Native Hawaiian or Pacific Islander 5

Other Tribal 6

White 7

None of the Above 8

Client’s request or unmet needs:

















