

# AMERICAN RED CROSS

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address: Apt# \_\_\_\_\_ Floor# \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

Alt Phone # (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Will you be the Primary Point of Contact for Red Cross? Yes/No

If not, who is? \_\_\_\_\_

Do you have ID with you? Yes/No

What type? \_\_\_\_\_

Do you have Homeowner's or Renters Insurance? Yes/No

Do you have a place to stay tonight? Yes/No Next few nights? Yes/No

Do you have any medical needs due to the disaster, including missing medication, medical equipment, eyeglasses, dentures, hearing aids, etc? Yes/No

Do you have any pets? Yes/No How many? \_\_\_\_\_ Are they missing? Yes/No

Do you have any special dietary needs or food allergies, ie. gluten free, vegetarian, etc Yes/No

What are they? \_\_\_\_\_

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Other members of your household living at the same address:

First Name	Last Name	Gender	Relationship to Primary Client	Date of Birth (mm/dd/yyyy)

(Write on back if there are more family members.)

Notes for Red Cross:

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