

## DISASTER SURVIVOR'S CHECKLIST

<b>ORGANISATION:</b>		<b>DATE:</b>	
<b>DISASTER NAME:</b>		<b>TYPE OF DISASTER:</b>	
<b>PERSONAL INFORMATION</b>			
<b>Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth (DD.MM.YY)</b>		<b>Age</b>
<b>CONTACT INFORMATION</b>			
<b>Address</b>			
<b>Home Phone</b>		<b>Mobile Phone</b>	<b>Email</b>
<b>HOUSEHOLD NEEDS</b>			
Was your property damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Property: <input type="checkbox"/> House <input type="checkbox"/> Apartment / Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Office <input type="checkbox"/> Vehicle (car, truck, motorcycle, bicycle) <input type="checkbox"/> Other			
Describe the damage caused by the disaster:			
Is the property habitable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require temporary housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical address of damaged property:			
Do you have insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the insurance company?			
What type of insurance coverage do you have? <input type="checkbox"/> Property <input type="checkbox"/> Renter's <input type="checkbox"/> Flood <input type="checkbox"/> Contents <input type="checkbox"/> Other			
Did you notify the insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Do you have photos of the damaged property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PERSONAL NEEDS</b>			
Do you have individual needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
<b>Special Needs Registry Number (If Applicable):</b>			

I certify that the above information is correct and I authorize its release to agencies and volunteers affiliated with the Disaster Survivor's Checklist, local emergency responders and disaster agencies. This information should only be used in the event of an emergency. I understand that participating in this programme does not guarantee any special rights or services. Under no circumstances shall the associated entities as noted previously be liable to me, including claims of negligence, for any special, incidental, direct, indirect, punitive, or consequential damages.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Official Use Only**

Registration File Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Authorised Signatory: \_\_\_\_\_