

EXHIBIT B

WALDO CANYON FIRE DISASTER RECOVERY CENTER

Date: 9/1/2014 No. Of People in Party Today: _____

NAME: Sue Vivor

Physical Address: 123 Main, Denver, CO 80203

Mailing Address: 123 Main, Denver, CO 80203

Address Currently Staying: _____

Email: _____

Alternate Email: sue.vivor@gmail.com

Cell Phone: 123-123-1234 Alt. Phone _____

Was your home you ☐ Damaged? ☐ Destroyed?

PLEASE ANSWER THE FOLLOWING:

1. Do you ☐ Rent? ☐ Own?
2. Do you have renters/property/homeowners insurance? ☐ Yes ☐ No
3. Please select the topics related to your most urgent concerns:

- ☐ Food
- ☐ Housing Search

Immediate (several weeks) _____ Interim (several months) _____

- ☐ Rental assistance:

Immediate (several weeks) _____ Interim (several months) _____

- ☐ Health
- ☐ Employment
- ☐ Building/Structure Issues
- ☐ Clean-up
- ☐ Transportation
- ☐ Financial Assistance
- ☐ OTHER: _____

- ☐ Unemployment Insurance
- Name of Business _____
- Employee? ☐
- Owner? ☐

4. Total No. in Household: _____ Adults _____ Children
5. Do you have Pets? _____ Cats _____ Dogs Other? _____
6. Do you have a service animal? _____
7. How many bedrooms are you in need of? _____

Signature: _____

I consent to allow this information to be shared with the City of Colorado Springs and El Paso County Governments.

Intake Form
Assistance Center

- Name: first Sue, last Vivor Time _____ Date 9/1/2014
- Address within disaster area 123 Main, Denver, CO 80203
- Current Address post disaster _____
- Mailing address: 123 Main, Denver, CO 80203 might be the same, might be different
- Email #1 sue.vivor@gmail.com,
- Email #2 _____
- Home Phone _____ Work Phone _____
- Cell Phone 123-123-1234 Relative Phone _____
- Rent _____ or own _____
- Type of Dwelling: Single Family _____ Mobile Home _____ Condo/Townhouse _____ Apt _____
- Other _____
- Damage: Destroyed _____ Major _____ Minor _____ Unknown _____
- NO Insurance _____ or Yes __: Type of Insurance _____ Homeowners _____ Renters _____ Flood _____
- Type of Business Insurance _____
- Name of Business _____

- Check the topics related to your most urgent concerns:

- o Food _____,
- o Housing _____,
- o Health _____,
- o Medicines _____,
- o Employment _____,
- o Building/structure issues _____,
- o Transportation _____,
- o Financial assistance _____,
- o Clean-up _____,
- o Other: _____
- o (list) _____

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- Type of Dwelling: Single Family _____ Mobile Home _____ Condo/Townhouse _____ Apt _____
- Other _____
- Damage: Destroyed _____ Major _____ Minor _____ Unknown _____
- NO Insurance _____ or Yes ____: Type of Insurance _____ Homeowners _____ Renters _____ Flood _____
- Type of Business Insurance _____
- Name of Business _____

- Check the topics related to your most urgent concerns:

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- o Housing _____,
- o Health _____,
- o Medicines _____,
- o Employment _____,
- o Building/structure issues _____,
- o Transportation _____,
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- o Clean-up _____,
- o Other: _____
- o (list) _____

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- Type of Dwelling: Single Family _____ Mobile Home _____ Condo/Townhouse _____ Apt _____
- Other _____
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- NO Insurance _____ or Yes __: Type of Insurance _____ Homeowners _____ Renters _____ Flood _____
- Type of Business Insurance _____
- Name of Business _____

- Check the topics related to your most urgent concerns:
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 - o Housing _____,
 - o Health _____,
 - o Medicines _____,
 - o Employment _____,
 - o Building/structure issues _____,
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- _____
- _____

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- Type of Dwelling: Single Family _____ Mobile Home _____ Condo/Townhouse _____ Apt _____
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