

## GBUMC DISASTER ASSISTANCE NEEDED QUESTIONNAIRE

NAME(S) \_\_\_\_\_

CHILDREN & AGES \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

POC NOT LIVING AT THIS ADDRESS & RELATIONSHIP \_\_\_\_\_

POC PHONE NUMBER \_\_\_\_\_

MEDICAL NEEDS \_\_\_\_\_

ASSISTANCE/DISABILITIES (wheelchair, walker, etc.) \_\_\_\_\_

ASSISTANCE NEEDS:

PRE-STORM \_\_\_\_\_

POST-STORM \_\_\_\_\_

OTHER: \_\_\_\_\_