

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: _____