The Spirit of Giving Fund

646 S. Flores St., San Antonio, TX 78204
Email: info@spiritofgiving.org

ROBB ELEMENTARY (2022)
EMERGENY ASSISTANCE INTAKE FORM

REFERRAL	Referring Agency:	
	Referring Agency Contact: (Name, Phone, Email)	
	FEMA #: *(if declared disaster)*	

CONTACT INFORMATION	Application Date:	
	Name of Applicant:	
	Phone Number:	
	Physical Address:	
	Mailing Address: *(if different)*	
	E-mail Address:	
	Alternate Point of Contact: (Name, Phone, Email)	

HOUSEHOLD	Household Members	Relationship	Gender	Date of Birth	Status	Notes
		HOH				
	Status Codes: I = Injured during Incident; D = Deceased due to Incident; M = Missing; SN = Disabled/Special Needs; NE = Non-English Speaking					

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EMERGENCY ASSISTANCE ASSESSMENT

Briefly Describe your needs because of the incident:	

Please check all incident-related needs that apply:

- ❑ CLOTHING, New
- ❑ CLOTHING, Thrift Store
- ❑ GROCERIES
- ❑ INFANT FORMULA, Baby Supplies
- ❑ TRANSIENT LODGING, Shelter or Hotel
- ❑ EMOTIONAL & SPIRITUAL CARE
- ❑ MEDICAL, Prescriptions
- ❑ MEDICAL, Treatment/Therapy
- ❑ FUNERAL
- ❑ TRANSPORTATION
- ❑ VEHICLE REPAIR
- ❑ CLEAN-UP ASSISTANCE, Supplies
- ❑ CLEAN-UP ASSISTANCE, Labor
- ❑ ENERGY, Utilities
- ❑ HOUSING, Rental / Mortgage
- ❑ PROPERTY, Appliances
- ❑ PROPERTY, Furniture
- ❑ PROPERTY, Household Goods
- ❑ PROPERTY, School / Work
- ❑ REPAIRS, Emergency Home
- ❑ REPAIRS, Home Reconstruction
- ❑ LOST WAGES
- ❑ OTHER
- ❑ OTHER

❑ **LOST WAGES** **State Date** ____/____/____ **Ending Date** ____/____/____

Further Notes / Explanation:

HISTORY OF SUPPORT

Please provide a list of significant aid that you have received or plan to receive due to incident

Organization Providing Support	Type of Support				
	Goods	Services	Monetary/Cash	Other	Other

Applicant Name (print):			
Applicant Signature:		**Date:**	