



Disaster Relief Assistance Application

Austin Disaster Relief Network of Churches

Church name: _____

REMINDER: Filling out this application does not guarantee you financial assistance. All applications MUST be completed in full.

Assistance is not based on and does not discriminate on the basis of race, color, national ethnic origin, sex, age, disability, religion or political belief.

CONFIDENTIAL

GUIDELINES

1. Since ADRN cannot fund all needs for all households affected by disaster, we partner with churches, governmental agencies, and other aid organizations to share in the fulfillment of requested assistance. Seek financial aid from all other available sources before completing this assistance application.
2. **HONESTY** and **INTEGRITY** are required. If it is found that you are dishonest regarding any part of this application process—we will not assist you.
3. The application must be filled out completely; proof of identification is required.
4. Assistance is intended to restore basic needs as a bridge to self-sufficiency. Donated goods and services should be evaluated for suitability first.
5. Needs must be confirmed/verified before assistance can be given.
6. Money will not be paid directly to individuals seeking assistance. Checks will be made to utility companies, rental agencies, mortgage companies etc. and bill/statements must be submitted as needed before a check can be cut.
7. No payments will be made for labor, only material.
8. You may be asked to provide other forms of documentation depending on your particular requests.
9. By signing below, I am authorizing financial assistance providers, including ADRN, to verify the information I have provided.

I, _____, have read and understand the above guidelines.
Print Name

Signature

Date

permission granted by phone

Household Information

Name (First/Last): _____

Current Mailing Address: _____

City _____ State _____ ZIP _____

Address of Affected Residence _____

City _____ State _____ ZIP _____

Phone numbers where you can be reached:

Home #: _____ Work #: _____ Cell #: _____

Place of employment: _____ Work hours: _____

Driver license verified: Yes No Issuing State: _____

Marital Status: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

If married, Spouse's Name (First/Last): _____

Work #: _____ Cell #: _____

Place of employment: _____ Work hours: _____

List all members of household, including yourself:

NAME	DATE OF BIRTH	AGE	RELATIONSHIP	EMPLOYED?	IF EMPLOYED, MONTHLY INCOME

List 2 personal references who will know how to reach you:

NAME	RELATIONSHIP	PHONE

Do you have relatives and/or close friends in the Austin area? yes no

If yes, do they know about your needs? yes no

If not, please tell why not. _____

ASSETS, MONTHLY INCOME AND EXPENSES
 (Write the total amounts from every person in the household)

	ASSETS	AMOUNT
1	Checking, savings, money market accounts	
2	Securities, investments, financial instruments, CDs	
3	Retirement accounts	
4	Houses, 2 nd or vacation houses, timeshares	
5	Vehicles, boats, etc.	
6	Other (type and amount)	
	TOTAL ASSETS	

	MONTHLY INCOME SOURCES	AMOUNT
1	Total Wages	
2	Unemployment	
3	Worker's Compensation	
4	Child Support Received	
5	AFDC	
6	SSI	
7	SSDI	
8	SNAP (Food Stamps)	
9	VA	
10	Pension/Retirement	
11	Other (type and amount)	
	TOTAL MONTHLY INCOME	

	MONTHLY EXPENSE ITEMS	AMOUNT
1	Rent/Mortgage Payment	
2	Food	
3	Entertainment / Cable TV	
4	Telephone – Local & Long Distance	
5	Telephones – Cell	
6	Child Care	
7	Child Support Payments	
8	School Loan and Other School	
9	Credit Card Debt	
10	Utilities (Electric, Gas, Water, Trash)	
11	Auto Loan / Lease	
12	Auto Expenses (Gas, Oil, Repairs)	
13	Insurance (Auto, Home)	
14	Other Loans	
15	Miscellaneous	
	TOTAL MONTHLY EXPENSES	

Other Assistance

Will any of your loss be covered by insurance? Yes/No If so, please explain:

If applicable, have you applied for assistance from FEMA? Yes / No Describe the assistance you expect to receive from FEMA:

Please list all other churches, governmental agencies, public and private organizations, including ADRN, who have assisted you with money, food, clothing, or payment of any of your bills in the past year and post-disaster:

AGENCY	BILL ASSISTED WITH	HOW MUCH	WHEN

Tell us a little more about the situation to help us better understand the need :

How else can we pray for the household members?

Priority Assessment

	CRITERIA (checklist – please check all that apply)	√
1	Lost job, work hours reduced, no regular income	
2	No transportation access	
	- work-related	
	- vehicle is only mode of transportation	
3	Imminent homeless	
4	Termination notice on utilities, or already cut off	
5	Insurance Coverage	
	- No insurance	
	- Under insured	
6	Elderly on fixed income	
7	Family members with disabilities	
	(note: children with special needs, equipment or accommodation should be referred to appropriate County Health District)	
8	Single parent	
9	Number of children under age of 5	
10	Currently receiving Government Assistance*; circle those that apply -	
	WIC, SNAP, CSFP, CHIP, TEFAP, Medicare	

*Government Assistance Acronyms:
WIC = Women, Infant, & Children
SNAP = Supplemental Nutrition Assistance Program
CSFP = Commodity Supplemental Food Program
CHIP = Child Health Insurance Program
TEFAP = The Emergency Food Assistance Program

Estimated dollar value of loss to family NOT COVERED by insurance. \$ _____

Housing Loss
(pre-disaster)

<input type="checkbox"/> owned <input type="checkbox"/> rented	<input type="checkbox"/> conventional, single-family dwelling <input type="checkbox"/> mobile home <input type="checkbox"/> trailer <input type="checkbox"/> other (specify) _____
<input type="checkbox"/> insured <input type="checkbox"/> partial <input type="checkbox"/> uninsured	

Vehicle Loss
(UNINSURED, pre-disaster)

Make	Model	Year

Other Losses
(UNINSURED, pre-disaster)

Financial Aid Request

Request # _____

To determine how and/or if we can be of assistance, please provide the following information:
(Use separate page if necessary).

Name of Person or Family in Need: _____

Disaster (What is the crisis or situation that has caused the request for assistance?): _____

Loss Suffered:

What is the need today and what specific help is being requested (prioritize)?

Need (Example: Rent)	Provider with acct # (Example: Landlord's Name)	Total Amount Due	Amount Requesting

Total Check Request Amount: \$ _____

Are others or the church contributing to this family also? Who?/How much?

Date of Request: _____

Requested Delivery Date: _____

(2-5 day turnaround depending on the need)

If funds are approved:

To which church or vendor will ADRN make the check payable?

Church / vendor: _____

Address: _____

To whose attention or acct #: _____

If ADRN assists in paying for a recurring expense, how will this expense be paid next time?

Sponsoring Person / DRS: _____

Cell #: _____ Email: _____

Sponsoring Church: _____ DRC: _____