

Jewish Family Services Disaster Intake Form

Today's Date: _____

Please fill out the following information completely so that we can assist you as soon as possible.

(Please submit electronically or email to jodicohen@jfedlcc.org)

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Driver's License #: _____

Permanent Address (Damaged): _____

City: _____ State: _____ Zip: _____ County: _____

Do you ☐ RENT or ☐ OWN ☐ House ☐ Apartment

Do you have: Renter's or Homeowner's insurance? ☐ Yes ☐ No

Have you contacted your Insurance agent? ☐ Yes ☐ No FEMA? ☐ Yes (If yes, include FEMA # below)

FEMA#: _____ Red Cross ID#: _____ 2-1-1 Services? ☐ Yes ☐ No

Home Phone: _____ Cell: _____

Your Email address: _____

Preferred contact method and may someone leave a message? ☐ Yes ☐ No

Alternate/Emergency Contact: Name: _____ Phone: _____

Are you currently living in your home? ☐ Yes ☐ No

Status of Your Home: *be specific so we can better match your need:*

Address where you are staying if you are NOT in your home. _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Race: ☐ African-American ☐ Hispanic ☐ Asian/Pacific Islander
☐ Native American ☐ Caucasian ☐ Other: _____

Religion: _____ US Veteran: ☐ Yes ☐ No

What are your IMMEDIATE needs?

☐ Food ☐ Clothing ☐ Housing ☐ Medical Equipment ☐ Medication ☐ Muck & Gut (clean up/removal of debris)

☐ Other: (Please explain below)

*The information below will assist us in finding resources and information specific to your individual/family needs.
Please fill out completely and accurately.*

Household Information:

Total # in Household: _____

| Name | D.O.B. <small>month/ day/year</small> | Gender <small>(M / F)</small> | Relationship <small>(spouse, son, daughter, parent, etc.)</small> |
|------|---|----------------------------------|--|
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Please check any government benefits you or someone in your immediate family receive:

___SSI ___SSDI ___SS ___SNAP ___HUD ___Unemployment ___Medicare___Medicaid

Annual Gross household income: _____

Referral Source: *(How did you hear about JFS?)* _____

Are you new to JFS? ___Yes ___ No *(If No, from what department are you receiving services?)*

At this time are you receiving help from any other organization: ___Yes___No

If yes, which organizations:

Does anyone in the home have a disability or requirespecial assistance? ___Yes ___No

(If Yes, briefly explain): _____

Highest level of education you completed: _____

___ Some high school ___ High School graduate ___ GED ___ Some College ___ Bachelor's degree
___ Master's degree ___ PhD/Professional

May we have your permission to share your information with other agencies that might be able to provide you with assistance? If so, please initial here. _____

Thank you for contacting Jewish Family Services of Lee and Charlotte Counties.

Our staff will contact you as soon as possible.

Please download completed form and email it to: jodicohen@jfedlcc.org
or print and bring to the Federation office, 9701 Commerce Center Ct. F.M. 33908

******* For Staff Use Only *******

Intake by: _____ Date: _____ **Spreadsheet** by: _____ Date: _____

CAN by: _____ Date: _____ **JFS Database** by: _____ Date: _____