

# Maui Island Disaster Assistance, Response and Recovery – Fire Intake Form

*\*Please Complete only one per household.*

Request Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Household: # Adults over 60: \_\_\_\_\_ # Adults 18-59: \_\_\_\_\_ # Children under 18: \_\_\_\_\_

Pets: # Inside: \_\_\_\_\_ Breed: \_\_\_\_\_ # Outside: \_\_\_\_\_ Breed: \_\_\_\_\_

Please list the names of all other household members: \_\_\_\_\_

\_\_\_\_\_

Current Location: \_\_\_\_\_ Demographics: Native Hawaiian Veteran Disability

Disaster-Impacted Physical Address: \_\_\_\_\_ and Subdivision: \_\_\_\_\_

Owner  Renter  Work Trade Describe damage/status of home: \_\_\_\_\_

I have Homeowner/Renter Insurance Employment status:  Employed  Unemployed  Retired Est. Monthly Income (\$): \_\_\_\_\_

Estimated Household Monthly Income: \_\_\_\_\_

Due to the Fires, I am in need of the following:

**Housing**  Emergency  Transitional  Permanent because: \_\_\_\_\_

**Medical Attention** for: \_\_\_\_\_

**Legal Counseling** because: \_\_\_\_\_

**Airfare** to: \_\_\_\_\_

**Home Repairs** for: \_\_\_\_\_

**Financial Assistance** for: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

I give permission to have my information entered into a database and shared with participating agencies. I understand that completion of this form does not guarantee I will receive any services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Verbal Permission given over the phone.

Intake Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Staff Member Name: \_\_\_\_\_

**Signature:**