

RECOVERY RESOURCES/ASSISTANCE

Name of Organization: _____

Mailing Address: _____

Office Phone: _____ Office FAX: _____

Primary Contact: _____
 Day Phone: _____
 Cell Phone: _____
 E-mail Address _____

Alternate Contact: _____
 Title: _____
 Day Phone: _____
 Cell Phone: _____
 E-mail Address _____



Please mark all recovery assistance items your organization could provide or assist with.

RESPONSE ACTIVITIES	RECOVERY ACTIVITIES

- Transportation
- Donated Goods and Clothing
- Elderly/Special Needs
- Child Care/Children's Services
- General Family Assistance
- Building and Repair
- Building Materials
- Warehousing of Building Materials
- Warehousing of Household Furniture
- Management of Volunteers
- Language Interpreters – List Language
- Family Counseling
- Other (Please describe assistance)

- Debris Removal
- Temporary Housing/ Rental Assistance
- Financial Support
- Food Vouchers
- Food Pantry
- Information & Referral
- Utility Bill Assistance
- Congregate Feeding
- Skilled Labor
- Disaster Volunteer Training
- Casework Responsibilities (help families to determine recovery needs)
- Spiritual Care