**SERVE 6.8 Shelter 1st Time Intake**

Date:

Name:

Phone: Email:

Address:

**FEMA #:**

Do you have insurance?

Home Status: House Burned House Partial Burn Property Burn Smoke Damage

How long have you been evacuated?

Where are you currently staying?

How can we help?

**Office Use Only: Resource Provided (circle) – Cleaning Kit Hygiene Kit Hot Food Food Bag Water**

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