

## SAF Disaster Relief Questionnaire

Email as an attachment to:

1. RECIPIENT FAMILY INFORMATION  Printed Name:	
Street:	Street:
City, State, Zip	City, State, Zip
Cell phone:	Email:
Homeschool support group member? 【	□ No □ Yes Group name:
Insurance Coverage:   No Ye	es Deductible/Out-of-pocket amount:
2. ESSENTIAL HOUSEHOLD NEEDS	
Describe housing, job status, and other	r financial needs (apart from property damage):
☐ No housing needs ☐ Job ha	as not been intermented
140 housing needs 1 Job ha	is not been interrupted
. HOMESCHOOLING NEEDS	
Describe homeschooling needs (curricu	ula, supplies, special needs):
. PROPERTY DAMAGE ASSESSMENTS,	/NEEDS
Provide a description with as much det	
	to poolse.
Submit a copy of your driver's licens	se and 3 pictures of damage as attachments with this form.
. Ambassador authorized to vei	RIFY ELIGIBILITY
Ambassador Name:	
Email:	Cell:
Review Date: Appre	oved: $\square$ Yes $\square$ No