

Alamo RCD Hurricane Harvey Relief Program Registration Form

(Please print in blue or black ink.)



Full Name of HEAD OF HOUSEHOLD: _____

NAME OF SPOUSE : _____ PHONE: (____) _____

Original FULL ADDRESS: _____

(____) ID check Type of ID and Number: _____

COUNTY of Original Residence: _____ Current COUNTY _____

Current ADDRESS: _____

EMAIL Address: _____ Cell PHONE: (____) _____

Preferred method of Contact: () Phone () Text () Email

Please list the First NAME, AGE and RELATIONSHIP of each of the ADULTS and CHILDREN in your Household:

Name and Address/Phone # of NEXT OF KIN in area: _____

IMMEDIATE NEEDS (Check all that Apply AND Number the top five from 1-5)

- | | |
|--|--|
| <input type="checkbox"/> Food (Shelf stable foods, Microwavable Foods) | <input type="checkbox"/> Pet Food |
| <input type="checkbox"/> Prepared Meals | <input type="checkbox"/> Special Needs for an illness or disability |
| <input type="checkbox"/> Clothes/Shoes | <input type="checkbox"/> Assistance with other Service Registrations |
| <input type="checkbox"/> Toiletries/Personal Hygiene | <input type="checkbox"/> Other: (Please List) |
| <input type="checkbox"/> Medical Help | _____ |
| <input type="checkbox"/> Diapers or Depends/Poise (for Seniors) | _____ |

PHOTOS AND PUBLICATIONS: Please check where appropriate.

- ✓ Do you want to allow photos of and from your family to be used in publications, web, or social media?
() Yes, () No.
- ✓ Do you and your family want to be identified in publications, web or social media? () Yes () No

Please continue to the back of the form and SIGN where indicated ----->

