

# 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 Address: \_\_\_\_\_ ( \_\_\_\_\_ ) ID check

County of Original Residence: \_\_\_\_\_ Current County \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Address/Phone # of Next of Kin in area: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Ages of Each of the Children in your Family: \_\_\_\_\_

### Immediate Needs (Check all that Apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Food (Shelf stable foods, Microwavable Foods) | <input type="checkbox"/> Pet Food                                    |
| <input type="checkbox"/> Prepared Meals                                | <input type="checkbox"/> Someone to Talk To                          |
| <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 and quotes 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 ----->

