



FEMA

Displaced Persons Information Form

Date: _____

(Please Print)

First Name _____ Middle Initial _____ Last Name _____

Family Members:	<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F

Pre-Disaster Address:

Street: _____ Apartment Number: _____

City: _____ County _____ State: _____ Zip code: _____

Current Phone Number: _____ Cell Phone: _____

Applicant's e-mail address: _____

Current Location where you are living now: _____ Shelter, _____ Hotel, _____ Family/Friend
Other _____

Applicant's Current mailing address:

Location Name: _____

Street: _____ Apartment Number: _____

City: _____ State: _____ Zip code: _____

Language Spoken by the Applicant: _____ English, Other _____

Registered with FEMA: _____ Yes, _____ No, Registration # _____

Have you filed for a change of address with the Postal Service: _____ Yes, _____ No

Do you have special needs? _____ Yes, _____ No Do you have Medical Needs _____ Yes, _____ No

If Yes, Please Explain:

Do you have vehicle with you (own transportation)? _____ Yes, _____ No

Please fax the completed form to the JFO at: 334-409-4636