

**Eighth Episcopal District
African Methodist Episcopal Church
The Right Reverend Julius H. McAllister, Sr., Presiding Prelate**

**Disaster Relief Ministry Assessment Form
Flood Damage 2016**

Date: _____

Name: _____

Address: _____ **Apt. #** _____

City: _____ **State:** _____ **Zip Code** _____

Email Address: _____

Telephone Number: (____) _____ - _____ **Cell:** (____) _____ - _____

Number of persons in Household _____ **Adults:** _____ **Children:** _____

Name of contact person (if different from above) _____

Church Name: _____

Pastor's Name: _____

Presiding Elder District: _____

Type of Property: __ Church __ Other Church Property __ Personal Residence __ Other

Please give a detail description of damage incurred: (Damage to structure(s), possessions lost, etc.)

Was there floodwater in your home/church? Yes No How much? _____

How long was there standing water in your home/church? _____

What are your most pressing unmet needs as a result of the flooding/storm?

Do you have flood insurance? Yes No

Will insurance cover damage? Yes No

**Are you receiving support from FEMA, American Red Cross or other agencies? Yes No
If yes please list agency(ies)**
