

RESOURCE INFORMATION REQUEST

**WARREN COUNTY COAD
(COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS)**

Agency/Organization Name: _____

Agency/Organization Physical Address: _____

Agency/Organization Mailing Address (if different from physical address): _____

Normal Days and Hours of Operation: _____

Contact Information

	NAME	TITLE	EMAIL ADDRESS	WORK/DUTY TELEPHONE (please include hours answered)	CELLPHONE	OTHER (please specify)
Primary Contact						
First Alt. Contact						
Second Alt. Contact						

PLEASE SELECT THE OPTION(S) THAT BEST DESCRIBE(S) WHAT YOUR AGENCY/ORGANIZATION PROVIDES:

SERVICES – ASSISTANCE, NOT IN THE FORM OF A PHYSICAL/TANGIBLE ITEM OR MATERIAL, OR THAT CANNOT BE TRANSFERRED EITHER TEMPORARILY OR PERMANENTLY TO THE USER’S POSSESSION.

TYPE OR CATEGORY OF SERVICES (PLEASE CHECK ALL THAT APPLY)	DESCRIPTION
Shelter – General Population	
Shelter – Displaced Pets	
Shelter – Displaced Livestock	
Temporary Housing – Individuals and Families	
Transportation – Individuals and Families	

Transportation – People with Access and/or Functional Needs	
Transportation - Pets	
Transportation - Livestock	
Animal Rescue	
Translation	
Communications	
Child Care	
Elder Care	
Medical Services	
Mental Health Services	
Employment Services	
Grief/Loss Counselling	
Pastoral/Clergy	
Case Management	
Donations Management	
Volunteer Management	
Labor/Manpower	
Environmental Services	
Laundry	
Other	
Other	

GOODS – TANGIBLE, PHYSICAL ITEMS OR MATERIALS (OTHER THAN MONEY) THAT CAN BE USED BY OTHERS AND CAN BE TRANSFERRED TO THE USER’S POSSESSION EITHER TEMPORARILY OR PERMANENTLY.

TYPE OR CATEGORY OF GOODS (PLEASE CHECK ALL THAT APPLY)	DESCRIPTION
Debris Removal	
Hand Tools	
Power Tools	
Construction Materials	
Construction Equipment (with Operator)	
Generators	

Cleaning Supplies	
Groceries	
Prepared Meals	
Gasoline/Fuel	
First Aid/General Medical Supplies	
Durable Medical Equipment	
Prescription Medications	
Personal Protective Equipment	
Access/Functional Needs Support	
Hygiene Supplies	
Clothing (infants)	
Clothing (children)	
Clothing (adult)	
Infant/Baby Items	
Pet Supplies	
Livestock Supplies	
Agriculture Supplies	
Temporary Signage	
Other	
Other	

FUNDS – CASH, CHECKS, DEBIT/CREDIT/GIFT CARDS, OR OTHER FINANCIAL INSTRUMENTS OR ASSISTANCE REGARDLESS OF WHETHER REPAYMENT WOULD BE REQUIRED.

TYPE/CATEGORY OF OR REASON FOR FINANCIAL ASSISTANCE (PLEASE CHECK ALL THAT APPLY)	DESCRIPTION
Groceries/Food	
Rent Assistance	
Utility Assistance	
Clothing	
Relocation	
Emergency Repairs (to home or dwelling)	

Emergency Repairs (vehicle)	
Gasoline/Fuel	
Transportation	
Required Medications	
Other	
Other	
Other	