Individual Assistance Form (Submit to Chester County EOC)

Street Address: ____
City, State Zip: ____
Municipality: ____
Name (leave blank if unknown): ____
Phone (leave blank if unknown): ____
Email (leave blank if unknown): ____

Type of Property:  □ Single Family  □ Multi-family  □ Mobile Home
Ownership:  □ Unknown  □ Own  □ Rent

Is House Accessible?  □ Yes  □ No

Are there any needs (i.e. housing, food, clothing, appliances, etc)?
□ Unknown  □ No  □ Yes  (If yes, fill out pages 2 & 3)

Description of Damages (be specific) ____

CCDES Use Only
Damage Category:  □ Affected  □ Minor  □ Major  □ Destroyed
Reference Number: IA_______
Entered into tracking sheet: Date/time: ___________ Initials: _______