

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

Reference Number: IA _____

Damage Category: Affected Minor Major Destroyed

Entered into tracking sheet: Date/time: _____ Initials: _____