

MISSOURI WORKING FAMILIES DISASTER RELIEF FUND

Request Survey: This survey will be reviewed by the MWFDRF Committee. Should you need immediate help please contact your local police or fire department, or in an emergency please call 911.

First Name _____

Last Name _____

Street Address _____

City _____

Zip Code _____

Cell Phone _____

Email _____

Date of birth _____

Briefly describe your current situation, ie; flood, tornado, house fire, etc;

Name of Union _____

Local Number of Union _____

Check your families most immediate needs (check all that apply) food clothing
 building materials medication short term housing house clean up

Has flooding affected your ability to work yes no

Did any vehicle you own sustain damage yes no

If necessary please use this place to explain any extenuating circumstances:

Please sign here _____ Date _____

