Evacuation Information Verification Sheet

Name_____ SS# _____-_____-_____ Grade _____

Sponsor's Name _____ SS# _____-_____-_____ Grade_____

Safe Haven Address _____ Phone _____

County _____ Phone _____

City, State, Zip _____ E-Mail_____

Did you drive your P.O.V. to your Safe haven Location? Yes_____ No_____

Did you retain your P.O.V at your Safe haven Location? Yes _____ No _____

Did your sponsor claim transportation (Mileage) to Safe Haven location Yes _____ No _____

List Name and Date of Birth of Dependants who evacuated with you:

1._____ D.O.B. _____
2._____ D.O.B. _____
3._____ D.O.B. _____
4._____ D.O.B. _____
5._____ D.O.B. _____
6._____ D.O.B. _____

Bank Information For Direct Deposit

Bank Routing Number _____

Bank Account Number _____

Checking Account _____ Savings Account _____

** THIS FORM MUST BE FILLED OUT COMPLETLEY AND SUBMITTED BEFORE ENTITLEMENTS CAN BE CONSIDERED.