## **Disaster Relief Beneficiary Intake Form**

Personal Information
Full Name
Date of Birth
Gender  ▼
Contact Number
Email Address
Address
Street Address
City/Town
City rown
State/Province
ZIP/Postal Code
Country
Household Information
Total Household Members
Total nousehold Wellibers
Vulnerable Group Members (children, elderly, disabled, etc.)
Disaster Impact
Type of Disaster
Brief Description of Damage/Needs
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Urgent Needs