

# HAWAII COUNTY AGENCY ASSISTANCE INTAKE FORM

June 15, 2018

INDIVIDUAL REQUEST

MASS REQUEST

VOLUNTEER

DONATION

REQUEST DATE \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate/Caregiver \_\_\_\_\_ Phone \_\_\_\_\_

Subdivision \_\_\_\_\_ Where are you staying \_\_\_\_\_

Directions or GPS Coordinates \_\_\_\_\_ Email Address: \_\_\_\_\_

# Adults in Household \_\_\_\_\_ # Children Under 18 \_\_\_\_\_

Elderly (Over 60)     Native Hawaiian     Veteran     Disabled/Medically Fragile     No Transportation

<u>NEED</u>	<u>REASON WHY THIS IS A NEED</u>
Permanent Housing	_____
Counseling	_____
Legal Consultation	_____
Homeowner's Insurance Consultation	_____
Airfare	_____
Animal Assistance	_____

**If more than one need is indicated, my PRIMARY/URGENT NEED IS:** \_\_\_\_\_

## RESPONSE TEAM USE ONLY

CONTROL # \_\_\_\_\_ LEAD AGENCY \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_

Notes

## ADDITIONAL NOTES

**I give permission to share my information and be contacted by agencies providing assistance.**

**I understand that my information may no longer be protected by applicable Federal and State privacy laws.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  Verbal permission given over the phone.

Intake Agency \_\_\_\_\_ Phone \_\_\_\_\_ Agent \_\_\_\_\_

Please route completed forms to Neighborhood Place of Puna, 16-105 Opukahaia Street, Keaau HI 96749 or call (808) 965-5550.