

INTER-AGENCY DISASTER RECOVERY TEAM
AGENCY RESOURCE FORM

Please limit ONE program per form. Completed forms can be submitted to
Allison Chai at Neighborhood Place of Puna
allison@neighborhoodplace.org | Fax 808-965-5109 | Phone 808-965-5550

Agency _____

Program _____

Send Referrals To (Name) _____

Email _____

Brief Program Description

For more information, call (Phone) _____

or refer to the following webpage _____

This program receives referrals for the following need(s):

Temporary Shelter

Rental Assistance

Financial Assistance

Inter-Island Airfare

Mainland Airfare

Transportation

Food/Water

Household Goods

Animal Assistance

Health Care

Medical Equipment

Trauma Counseling

Legal Counseling

Business Assistance

Agricultural Assistance

Other _____

Other _____

The following housing situation(s) qualify for this program:

Home Destroyed

Home Inaccessible

Mandatory Evacuation

Voluntary Evacuation

The following household type(s) qualify for this program:

Individuals

Families

Elderly 60+

Children Under 18

Veteran

Native Hawaiian

Other _____

The individual/household must also meet the following eligibility requirements for this program:

The following documents must be provided to determine eligibility:

