AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

**I, the undersigned, authorize agency members of long term recovery task forces, committees, networks, the State of \_ \_Texas\_\_\_\_, (FEMA) Federal Emergency Management Agency, and appropriate agencies of the State of \_\_\_\_\_\_Texas\_\_\_\_\_\_ responsible for providing disaster assistance, to release information relating to my eligibility for monetary or other forms of assistance arising from the major disaster declared \_\_Hurricane Harvey \_ to those agencies that provide disaster-related or other assistance as is deemed necessary as the recovery process continues. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.**

**This authorization is given to obtain and/or provide assistance I need as a result of this federal disaster to insure that benefits are not duplicated and that all benefits available to me are accessed. It includes the sharing of information about my application for services or assistance from any participating agency.**

**This authorization includes only information necessary to allow the appropriate agency or organization to determine if I am eligible for assistance or referral from that agency or organization. This information is not to be used for any other purpose.**

**I also understand and acknowledge that signing this does not guarantee that I will get assistance from voluntary agencies and/or appropriate federal and state agencies. However, without my permission my information cannot be shared with other agencies or organizations for consideration. I understand I will still receive all FEMA assistance for which I am eligible.**

**This authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.**

**I understand the three exceptions to the confidentiality agreement**

* **If I give permission to share information**
* **If there is a disclosure of abuse of a child, elder, or disabled person**
* **If I threaten to harm myself or someone else**

**OPTIONAL- I choose to exclude the following agencies from access to this information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that it is my choice to sign this release.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Printed) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Pre-Disaster Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone or Message#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEMA Registration#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Opened: \_\_\_\_\_\_\_\_\_\_\_\_\_Date Closed: \_\_\_\_\_\_\_\_\_

Application for Recovery Services

**WARNING:** The information contained in this application is protected by federal Privacy Act laws and must be kept completely confidential. Upon Completion, the client is entitled to review its contents, comment upon it, and sign it.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Disaster Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is it OK to call you at work? (Y)\_\_(N)\_\_

Alternate phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When is the best time to call?\_\_\_\_\_\_\_\_\_\_\_

Total number living in the home\_\_\_\_\_\_\_\_\_\_

Number of Adults\_\_\_\_\_ Number of Children\_\_\_\_\_

Pre-Disaster Residence Information:

\_\_\_\_\_Own \_\_\_\_Rent

\_\_\_\_\_Single-family dwelling \_\_\_\_\_Multiple Housing \_\_\_\_\_Duplex \_\_\_\_\_Other(explain)

\_\_\_\_\_Destroyed \_\_\_\_\_Major Damage \_\_\_\_\_Minor Damage

\_\_\_\_\_Insurance Coverage: ( ) Structure ( ) Contents ( ) Flood

Gross Income:

Current for head-of –household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current for Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current for others in household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Living Expenses:

Rent\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage\_\_\_\_\_\_\_\_\_ Car Expenses\_\_\_\_\_\_\_\_\_\_

Food\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Expenses\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home owner? \_\_\_\_\_Yes \_\_\_\_\_No

Resources:

Cash on hand in bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance\_\_\_\_\_\_\_\_\_\_\_

FEMA Assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Red Cross\_\_\_\_\_\_\_\_\_\_\_

SBA Loan Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ONA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disaster-Related expenditures already made or to be made:

Crisis Needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furniture and household items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency repairs to structure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistance Received (include amount and type):

Federal assistance received: FEMA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Temporary housing/Direct Housing

\_\_\_\_\_Home Repair/Replacement

\_\_\_\_\_Financial Assistance

\_\_\_\_\_ONA

\_\_\_\_\_SBA loan

\_\_\_\_\_Other Gov’t Programs

Other Assistance Received:

Assistance received from any agency sources, such as American Red Cross, voluntary/faith-based organizations. Include State agency/departments, etc.

List dollar amounts and assistance received, e.g., clothing, food, medical, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Assistance received from family or friends. List dollar amounts and types.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are insurance, federal, state, and /or family resources sufficient to meet disaster-caused needs?

\_\_\_\_\_Yes \_\_\_\_\_No If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recovery Plan

Has family established a plan for recovery? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, describe: \_\_(see attached recovery plan)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What remains to be done? Describe the individual’s/family’s stated unmet need(s). Be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the family obtained estimates for repairs or replacement of residence? \_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estimate by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estimate by:

Obtained permits/inspections? \_\_\_\_\_Yes \_\_\_\_\_No

Checked elevation requirements? \_\_\_\_\_Yes \_\_\_\_\_No

**Case Manager’s Assessment**

Is further agency involvement needed? \_\_\_\_\_Yes \_\_\_\_\_No

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there other needs identified in the family that need referral to another agency?

Yes \_\_\_\_\_No\_\_\_\_\_

If yes explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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APPLICANT STATEMENT: I agree and affirm that I am making voluntary application for assistance for disaster relief from **Special Unmet Needs Committee**. I understand that the information contained in this application and the accompanying Individual/Family Plan for Recovery and the Release of Confidential Information form will be utilized by **Special Unmet Needs Committee** to assist me with my disaster-related needs. I understand that assistance is not guaranteed and that the case manager does not make the final determination of the availability of funds or other kinds of help. My signature below signifies that I have read and /or understand this document and the service being provided me.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (case worker’s signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT RESPONSIBILITY FORM**

I realize it is important that I contribute all that I can to my own recovery from \_Hurricane Harvey\_.

I agree to report and contribute any financial assistance that I have received from

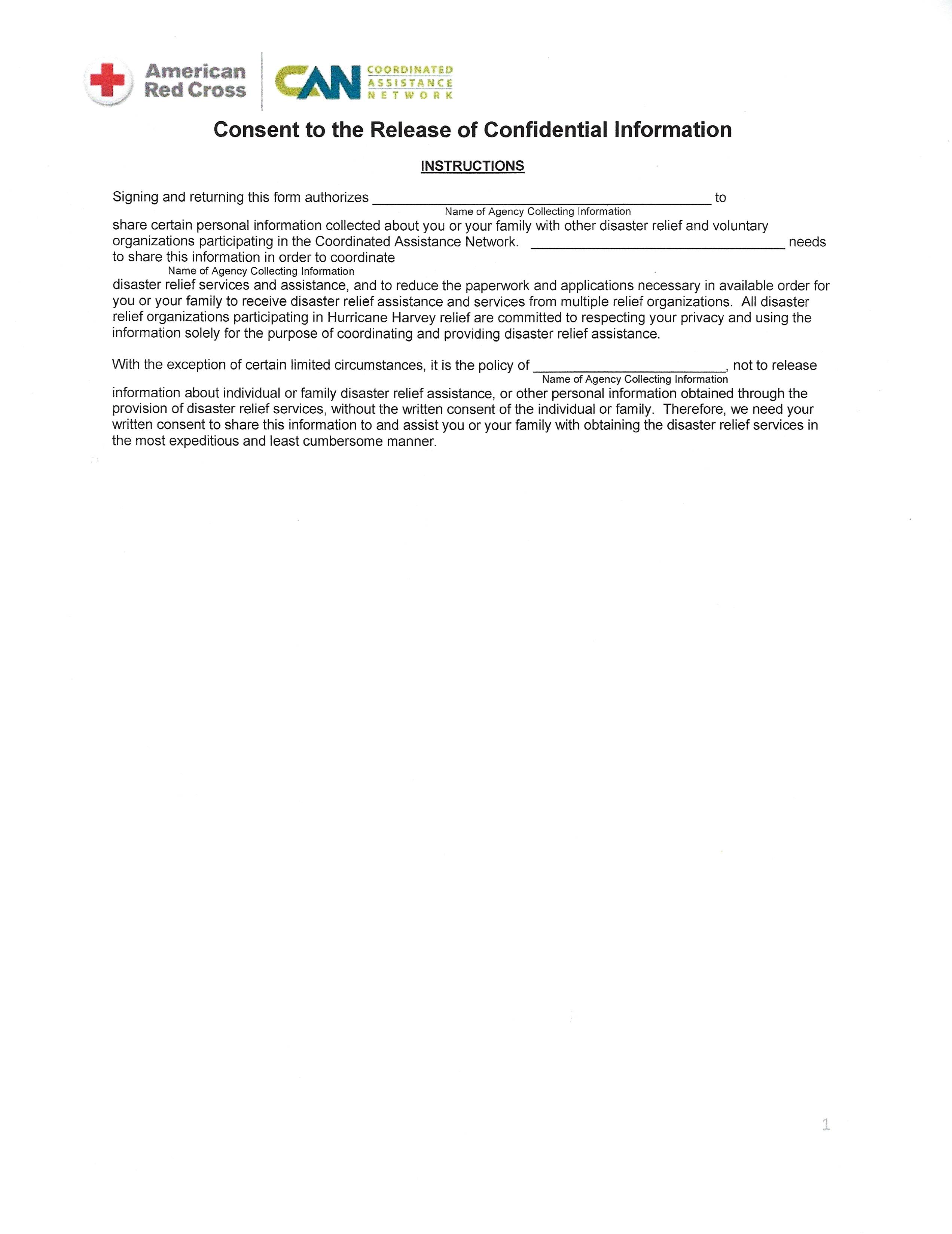
1. FEMA
2. Faith based organizations or churches
3. The Salvation Army
4. V.O.A.D. member agencies
5. Non-governmental assistance
6. State or local Recovery Task Forces/Committees
7. State and/or local government
8. Community Education
9. Community Services Board
10. Department of Social Services
11. Private funds
12. Insurance
13. Any other resources not listed

I also agree to use any resources I have, including financial and human to assist in my own recovery. I understand that I am responsible for my own recovery.

If at any time in the past I have received benefits I will use my resources first to assist in my recovery. In the future if I receive proceeds from a source for an item of personal property or repairs to my home I will return additional money to the appropriate agency to avoid duplication of benefits. I understand all income and/or benefit sources are subject to verification by casework representative of the Unmet Needs Committee and that I may be denied assistance for giving false information.

CLIENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

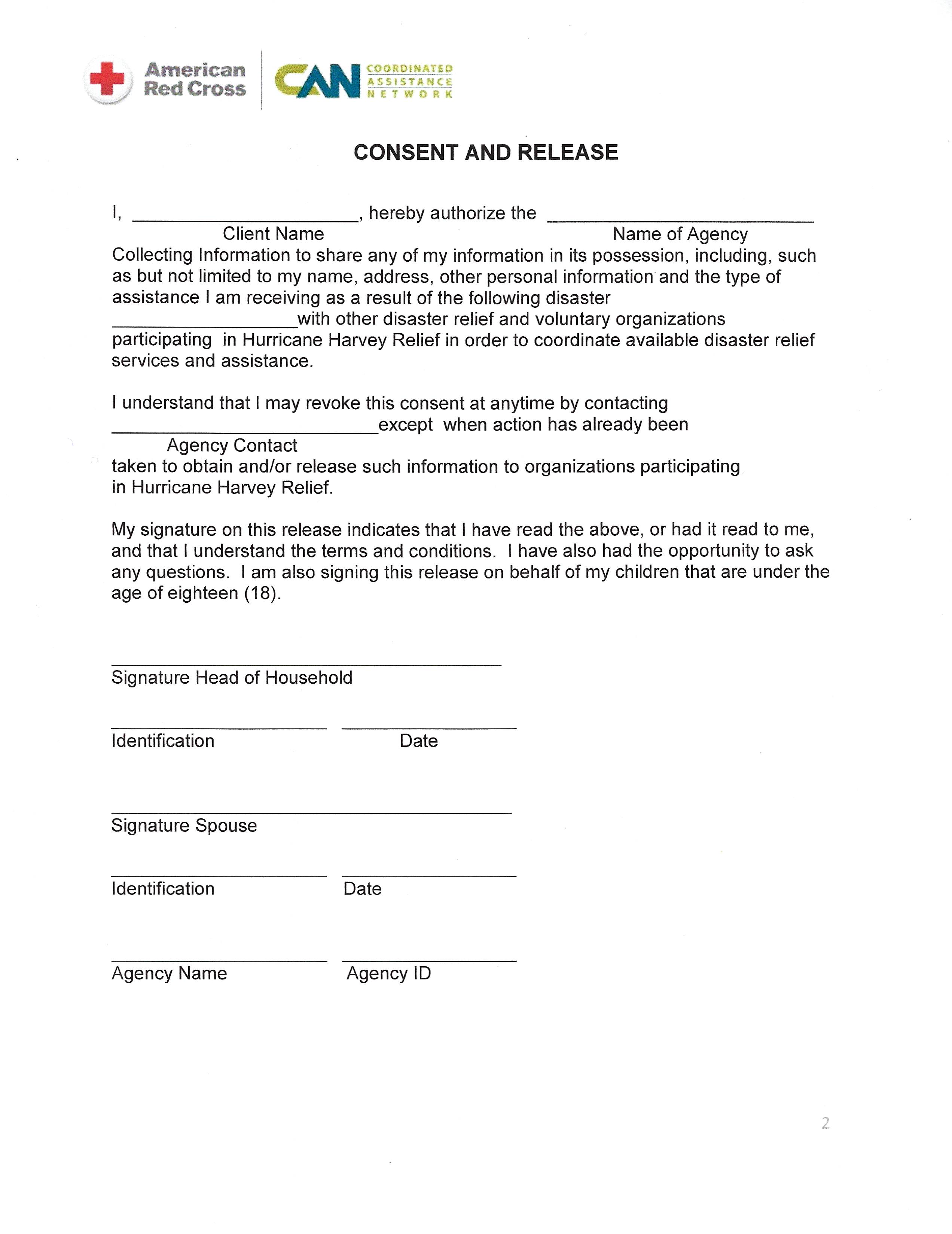
WITNESS SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Wharton County Recovery Team

Wharton County Recovery Team

Wharton County Recovery Team



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Wharton County Recovery Team

Wharton County Recovery Team

Hurricane Harvey

Wharton County Recovery Team