Reference: CSEA Policy 1010

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Emergency Assistance Application

(FI	APPLICANT'S NAME (LAST, FIRST, M.I.)							
Α	STREET ADDRESS							
P P	EMERGENCY ADDRESS				EMERGENCY TELEPHONE			
L	CITY		STATE		ZIP CODE			
I								
C	HOME TELEPHONE	OFFICE TELEPHONE	CSEA NUMBER OR	SOCIAL SECUR	ITY NUMBER			
N	HAPTER NAME & NO.							
Т	TYPE OF DISASTER (earthquake, fire, flood, etc.)/Name of fire				DATE			
1) Evacuated? YES NO If yes, please complete page 2, Evacuation Questionnaire 2) Complete loss? YES NO If yes, proof of loss is required.								
Attach proof of mandatory evacuation order or verification/statement that an official agency deemed your primary place of residence uninhabitable and partially or temporarily condemned. (REQUIRED)								
AG	GENCY (such as Fire, Police or City/0	County Building Department)						
*If your emergency involves complete loss and you are unable to return home due to damage, completion of the attached evacuation questionnaire is not necessary. Proof of loss is required.								
uie	e attached evacuation qu	estionnaire is <u>not necessa</u>	ry. Proof of loss is req	uirea.				
	PENDENT INFORMATION you have dependent childre	en in the home under the age o	of 18? 🔲 YES 🔲 NO					
If yes, please indicate number of children and ages:								
		y that the information furnishe ay result in my disqualification		e and correct	. I und	derstand that any		
APF	PLICANT'S SIGNATURE			DATE				

RETURN TO: CSEA, Attn: Emergency Relief Program, 2045 Lundy Ave., San Jose, CA 95131
OR Fax to: (408) 432-6249 OR Email to humanitarian@csea.com
(MUST BE SUBMITTED WITH IN 90 DAYS OF CATASTROPHIC EVENT)

California School Employees Association

Emergency Application Evacuation Interview Questionnaire



(to accompany CSEA Emergency Application for Evacuations)

1. Date evacuated and date returned to home. If not allowed to return home, when are you expect to return?	ted
2. Names and ages of all inhibitants in the home that evacuated (Also list pets evacuated):	
3. Where did you evacuate to? Who did you stay with? Include a receipt or folio with the total for your st	ay.
4. If you went to a hotel, what was the cost?	
5. Damage to home? YES NO If yes, describe damage and approximate repair costs:	
6. Other losses and costs (estimated):	
7. Estimated total of your losses and costs:	

RETURN TO: CSEA, Attn: Emergency Relief Program, 2045 Lundy Ave., San Jose, CA 95131
OR Fax to: (408) 432-6249 OR Email to humanitarian@csea.com
(MUST BE SUBMITTED WITH IN 90 DAYS OF CATASTROPHIC EVENT)