



Department of California California Disaster Fund Supplemental Data

To determine financial need, Units are asked to complete this supplemental data form. Please work with the impacted member to fill in as much information as possible. This information will be maintained with utmost privacy and sensitivity by the Department Community Service Chairman.

Impacted Member: _____ Date of Occurrence: _____

Member ID Number: _____ Paid Through December 31, _____

Type of Disaster/Emergency:

Fire Flood Hurricane Severe Weather Earthquake Other _____

Is the affected dwelling the member's primary residence? Yes No

Is the member still residing in the dwelling? Yes No

If the member is not able to reside in the dwelling, please explain where the member is currently living and how long they anticipate being displaced: _____

Please describe the damage incurred: _____

*(Additional sheets of paper may be attached if additional space is needed. When possible, please attach **copies** of any repair estimates, statements from FEMA, or local Law Enforcement, photographs, etc) to support this request.)*

Is the property covered by insurance? Yes No

Number of people residing in the impacted dwelling: _____

Relationship of those living in the dwelling with the impacted member: _____

Present Household Monthly Income		Estimated Monthly Needs	
Government Compensation	\$	Rent	\$
Disability Allowance	\$	Food	\$
From Earnings	\$	Clothing	\$
From Relatives	\$	Fuel Supplies	\$
State Aid	\$	List Other	
County Aid	\$		\$
Red Cross	\$		\$
Community Agencies	\$		\$
American Legion Family (Local/District)	\$		\$
Miscellaneous	\$		\$

What effort has been made to secure aid from county, state, local agencies, church, other organizations, and family? _____

Additional Comments or Information: _____

Unit Point of Contact *(Community Service Chairman, President, or Secretary only)*

Officer's Name: _____

Officer's Title: _____

Address: _____

Phone: _____ Email: _____

The Unit shall submit this supplemental data form with the application to the CA Department Community Service Chairman.

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