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HURRICANE RELIEF HOUSING INTAKE/ASSESSMENT FORM

Name (Last): _____ First: _____ M.I. _____

Date of Birth: ___/___/___ ID/DL#: _____ SSN: _____-_____-_____

City of Birth: _____ US Citizen: Yes ___ No ___

Veteran? Yes ___ No ___ Branch: _____ Active Combat: Yes ___ No ___

How long has applicant lived in Houston?

Has applicant ever lived in a shelter before? Yes ___ No ___ If yes, where?

Has applicant ever been convicted of a crime? Yes ___ No ___ If yes, where?

Have you applied for FEMA Assistance?

Disabilities?: _____

Medications?

Interviewed By: _____ Intake Date: ___/___/___

Date of Entry: ___/___/___ Date of Departure: ___/___/___