

**TRANSFIGURATION LUTHERAN CHURCH**

**1807 Biddle Street  
Saint Louis, MO 63106**

**INTAKE FORM FOR DISASTER RELIEF REQUEST**

Date of Request: \_\_\_\_\_ Date Intake Completed: \_\_\_\_\_

Actual Interview by: \_\_\_\_\_ Date Notified of Decision: \_\_\_\_\_

**SECTION 1: Identifying Information**

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Spouse's name \_\_\_\_\_

Members of Household (include children and adults)

Name	Gender (M/F)	DOB	Relationship to Applicant	School (If applicable)

Is the applicant a member of TLC? \_\_\_ Yes \_\_\_ No

If not, where does the applicant worship? Name of Church: \_\_\_\_\_

Verification Item	Proof of Receipt (Record Information)
Valid Missouri ID Card or Driver's License	#
Proof of ownership or lease agreement	
Two utility bills	
Photos of damage	

## SECTION 2: Current Situation and Specific Area of Need

What is the problem/situation as stated by the applicant?

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What is the applicant's specific area of need? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Groceries        | <input type="checkbox"/> Clothing                                 |
| <input type="checkbox"/> Toiletries       | <input type="checkbox"/> Household Supplies towels, sheets, etc.) |
| <input type="checkbox"/> Medication       | - Towels  |
|   | - Sheets (Circle size: Twin   Queen   King)                       |
| <input type="checkbox"/> Baby Essentials: | _____   |

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***Bottom portion will be completed by TLC team***

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How did the applicant hear about our Disaster Relief efforts?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Current Member of TLC       | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Relative of a Member of TLC | <input type="checkbox"/> TLC Website  |
| <input type="checkbox"/> Flyer                       | <input type="checkbox"/> Other _____  |

Does the applicant have evidence/documents/bills to substantiate the request? ☐ Yes ☐ No

Evidence/Document/Bill verified by: \_\_\_\_\_

Determination:

☐ Request for assistance ***is approved.***

Gift card(s) or other resources received: \_\_\_\_\_

☐ Request for assistance ***is not approved.***

Reason for denial: \_\_\_\_\_

Signature of TLC Committee Member: \_\_\_\_\_

Date: \_\_\_\_\_