



Richard Devylder Disaster Relief Fund Application



Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone/Text Messaging: _____ Landline Phone: _____

Email Address: _____

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Disaster Relief Details

What disaster were you impacted by? _____

What are you asking that the Richard Devylder Fund replace or provide?

Assistive Technology Durable Medical Equipment Motel/Hotel Support

Name of device you need replaced: _____

How old was the device that you lost? _____

Does your device require electricity? Yes No

Are you at risk of going to the hospital or a nursing facility without this device?

Yes No

May we connect you with your local Disability Disaster Access & Resource Center (DDARC), to assist you in developing a personal preparedness plan?

Yes No

May we share your story online, in our annual report or with donors? Yes No

How did you hear about the Richard Devylder Disaster Relief Fund?

Is there anything else you would like to share with us to consider when processing your application?
