

WESCO INTERNATIONAL CHARITABLE FOUNDATION

Disaster Relief Needs Assessment Form

WESCO EMPLOYEE INFORMATION

Last Name	First Name	M. I.	Date of Birth
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Occupation: _____

Branch Location: _____

Permanent/Former Address: _____

Current Address: _____

Contact Phone: _____

Cell Phone: _____

Back-up Contact Phone: _____

Health Needs:

Did you sustain injuries during the hurricane? Describe. _____

Have you been treated? _____

Treated by & where: _____

Is treatment complete? _____

Do you have access to medicine or other medical care that you need on a regular basis? _____

If not, what do you need? _____

Who is your doctor? _____

Doctor's Phone # _____

Pharmacy Phone # _____

Any health needs not covered by insurance? _____

Employee Name: _____

SPOUSE INFORMATION

Last Name	First Name	M. I.	Date of Birth
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Employment:

Is spouse employed? _____

If so, is spouse's company operating? _____

If not, when does the company expect to start? _____

Spouse's Health Needs:

Did spouse sustain injuries during the hurricane? Describe. _____

Has spouse been treated? _____

Treated by & where: _____

Is treatment complete? _____

Does spouse have access to medicine that he/she needs on a regular basis? _____

If not, what does he/she need? _____

Who is spouse's doctor? _____

Doctor's Phone # _____

Pharmacy Phone # _____

Any health needs not covered by insurance? _____

Employee Name: _____

CHILDREN LIVING AT HOME

Last Name	First Name	M. I.	Date of Birth
Hurricane injuries or health concerns?			
School – current grade		Enrolled and attending?	
Child’s needs?			

Last Name	First Name	M. I.	Date of Birth
Hurricane injuries or health concerns?			
School – current grade		Enrolled and attending?	
Child’s needs?			

Last Name	First Name	M. I.	Date of Birth
Hurricane injuries or health concerns?			
School – current grade		Enrolled and attending?	
Child’s needs?			

Employee Name: _____

RESIDENCE

Describe damage to your home and contents. _____

Is your home able to be repaired? Explain. _____

Are any contents salvageable? Explain. _____

What are your current living conditions? _____

What are your current housing needs? _____

Flood Insurance? _____ Contents only? _____

Any deductibles or policy limits? _____

Insurance Company: _____

Agent Name and Phone Number: _____

Have you been in contact with the insurance company? _____

Are they meeting your needs? Explain. _____

When do you expect to receive insurance proceeds? _____

Amount recovered and/or expected to be recovered from insurance: _____

VEHICLES

Vehicle #1 _____

Describe damage. _____

Is it insured? _____

Vehicle #2 _____

Describe damage. _____

Is it insured? _____

Employee Name: _____

Insurance Company: _____

Agent Name and Phone Number: _____

Have you been in contact with the insurance company? _____

Are they meeting your needs? Explain. _____

When do you expect to receive insurance proceeds? _____

Amount(s) recovered and/or expected to be recovered from insurance: _____

OTHER NEEDS

Describe any losses and/or needs not otherwise addressed. _____

Employee Name: _____

FINANCIAL INFORMATION

Income:

Your income from all sources: _____

Spouse's income from all sources: _____

Assets:

Available Cash: _____

Other Assets: _____

Would disposal of any of your assets to cover your losses cause further personal hardship? Explain. _____

Other Assistance:

Have you applied for and/or received assistance from any other sources (e.g., other charitable organizations or relief agencies, other insurance policies, etc.)? If so, please describe. _____

Financial Obligations:

Please describe any and all ongoing financial obligations and expenses that you and your family have (ex: mortgage or car payments). _____

Uninsured Losses:

Please describe losses not expected to be covered by insurance. _____

Employee Name: _____

FAMILY CLOTHING NEEDS

(Please list sizes. Duplicate form as needed.)

Male – Name _____
Shirt _____ Sleeve length _____ Neck _____
Trousers – waist _____ Length _____ Belt _____
Shoes – size _____ Width _____

Female – Name _____
Dress _____ Shoes – size _____ Width _____
Skirt _____ Slacks _____ Jacket _____ Blouse _____

Child – Name _____ Sex _____
Child clothing Size _____ Shoe – size _____

Child – Name _____ Sex _____
Child clothing Size _____ Shoe – size _____

Child – Name _____ Sex _____
Child clothing Size _____ Shoe – size _____

Employee Name: _____

CERTIFICATION

By my signature below, I certify that (i) all of the foregoing information is true and correct to the best of my knowledge; (ii) I will notify WESCO International Charitable Foundation of any material changes to such information prior to receiving a grant from WESCO International Charitable Foundation; and (iii) I will comply with the terms and conditions of any disaster relief assistance that may be granted to me by WESCO International Charitable Foundation.

Signature

Date