

HARVEST FOR LOST SOULS
2021 TEXAS WINTER STORM RELIEF REQUEST FORM

No# _____ Driver's License# _____ SSAN _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number in Household: _____ __Own __ Rent

List Members in Household:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

5. _____ Age: _____

6. _____ Age: _____

Damages to home: _____

Employment: _____

Needs Request: (Please check items needed)

Food Clothing Hygiene Toiletries Baby Items/Diapers Cleaning Supplies

FOR OFFICE USE ONLY

APPROVED DISAPPROVED

ACTION TAKEN: _____

APPROVED BY: _____