

PROVIDER REQUEST FOR HURRICANE-RELATED ASSISTANCE - GOODS

(Shaded areas are for district use only.)

District/Region: _____ Address: _____
 Provider Name: _____ Contact Person: _____
 County: _____ Phone: _____

Check resources applied for and status of application. Explain any limitations or exclusions that apply.

- FEMA _____
- Red Cross _____
- Small Business Admin _____
- Other: _____
- N/A: _____

Request:

Item	Cost	Place item used*	Description of need – include info if specific to one or more consumers

Indicate Licensed Facility (F), Family or Consumer Home (H), Adult Day Facility (A), or specify if other place.

District Office Review:
Central Office Review:

No specific appropriation has been made by the Florida Legislature for hurricane-related assistance in the 2004 Session. The information provided by the provider on this form will be used to determine whether referrals to other entities may be useful (e.g., FEMA), or whether, if applicable, a Medicaid Waiver service may be available to provide relief. Acceptance of the completed form by the Agency does not indicate that the Agency will be able to provide relief of any kind, because the Agency must act within the constraints of the approved Waivers, available appropriations and fiscal constraints.