



**San Antonio Food Bank
Disaster Relief Assistance Form**

Form G

*Please fax to (210) 431-8329 or mail to 5200 Old Hwy 90W, San Antonio, TX 78227.
For emergencies, please call (210) 337-3663 for most expeditious process. Thank you!*

Today's Date: _____ **Agency Name:** _____

Contact Person: _____ **Phone:** _____

Account Number: _____ **Approx # of people you will assist:** _____

Type of Disaster:

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Individual Family Disaster | <input type="checkbox"/> | Flooding / Rain |
| <input type="checkbox"/> | Tornado | <input type="checkbox"/> | Hurricane |
| <input type="checkbox"/> | Drought | <input type="checkbox"/> | Other Natural Disaster |
| <input type="checkbox"/> | Please describe Other: _____ _____ | <input type="checkbox"/> | Please describe Other: _____ _____ |

Briefly describe situation in more detail:

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| |

Type of Assistance requested:

| | | | |
|--------------------------|------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Food | <input type="checkbox"/> | Beverages |
| <input type="checkbox"/> | Assorted Food Boxes | <input type="checkbox"/> | Snack Items |
| <input type="checkbox"/> | Items suitable for homeless | <input type="checkbox"/> | Social Services |
| <input type="checkbox"/> | Staff | <input type="checkbox"/> | Other: |

****Please submit this form with an invoice for all items you got from the SAFB for this disaster.****

SAFB ADMINISTRATIVE SECTION:

Must be approved by Agency Relations prior to pick up:

Approved by: _____ **Date:** _____

Comments:
