



**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:

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:
