

Catholic Charities Disaster Relief Assistance Application

Catholic Charities of the Diocese of Des Moines, inspired by Christ's mission, connects people with exceptional life-changing experiences to inspire full human potential and growth. We are dedicated to providing family-centered services that empower individuals and strengthen families, particularly in times of great need. Our aim is to support and relieve those affected by crises, helping them rebuild and recover with dignity.

Instructions for Completion of the Application:

- **Completeness:** Fill out all sections of the application thoroughly. Incomplete applications may delay processing.
- **Accuracy:** Ensure all information provided is accurate and truthful. Incorrect information may affect your eligibility for aid.
- **Documentation:** Have all necessary documents ready for submission. You may be asked to provide proof of residence, income, insurance, and damage as part of the application process.
- **Insurance Information:** If you have insurance, provide details about your insurance company. This information helps us coordinate aid effectively and is not used to disqualify applicants.
- **Household Income:** Your household income information helps us prioritize aid to those in greatest need. Please be accurate in your reporting.
- **Loss Information:** Describe the disaster and its impact on your household. Include specific dates and details about the damages incurred.
- **Area of Greatest Need:** Indicate which areas of assistance are most critical for your current situation. This helps us to better target our resources.
- **Privacy:** All personal information provided will be handled in accordance with Catholic Charities' privacy policy, ensuring the confidentiality and security of your data.
- **Submission:** Review your application before submitting to ensure all information is complete and accurate. Follow the submission instructions provided at the end of the form.
- **Contact Information:** If you have any questions or require assistance while filling out this application, please use the contact information provided to get in touch with us.

Section 1: Applicant Information

1. Name: _____
 2. Phone Number: _____
 3. Mobile Number: _____
 4. Email Address: _____
 5. Address Affected by Disaster: _____
 6. Current Address if Different from Above: _____
 7. Parish Affiliation: _____ (If not applicable, please write 'N/A'.)
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8. **Insurance Information:** *Providing insurance information helps us understand your situation better and ensure that our aid complements other sources of support you may have. Lack of insurance does not disqualify applicants. Awards are prioritized based on needs, not insurance status.*

- Insurance Company Name: _____
- Insurance Company Phone Number: _____

9. **Household Composition:**

- Total number of Adults in Household: _____
- Total Number of Children in Household: _____

10. **Total Annual Household Income:** _____

This information is collected to prioritize aid for low-income households and ensure equitable distribution of aid. It helps us to direct resources to those in greatest need.

Section 2: Loss Information

Date of Disaster: _____

Describe your loss and provide an itemized list of damages and costs:

Describe your area of greatest need:

Section 3: Attestation

- I attest that the information provided on this form is true and accurate.
- I agree to provide the necessary documentation and cooperate with the verification process.

Section 4: Consent

- I consent to the processing of my data in accordance with Catholic Charities' privacy policy and agree to be contacted regarding my application.

Section 5: Distribution Methods

Awardees will be contacted for bank account/check distribution verification.

Submission Instructions: The application is in a fillable document format which needs to be saved to your computer and either printed and mailed, or sent as an attachment in an email to eklisares@catholiccharitiesdm.org

Contact Information:

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Catholic Charities

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