



REBUILD CASE MANAGEMENT



QUICK WALK-IN APP

Date: _____

Full name:
Current Address:
Impacted Address:
Email:
Cell Home: Ok to Text Yes No
Inquiry – please share how we may help you:

Are you: uninsured underinsured Insurance payout: \$ _____
Which DCMP / organization are you already receiving assistance from?
CORE Wylie Center Other: _____
Jewish Family Catholic Charities _____
Little Tokyo Community Action Partnership (CAP) _____
Have you started on the rebuild process with the following nonprofits?
Habitat for Humanity Hope Crisis
Samaritans First Mennonites Rebuild
Beacon House OR/ Altadena Collective
FEMA Approved Denied FEMA: \$ _____
SBA Approved Denied SBA: \$ _____

- * I acknowledge, under penalty of perjury, that all of the information provided above is true and accurate to the best of my recollection.
- * I authorize HPP Cares to receive / share my personal information, including, but not limited to, name, address, assistance received for disaster recovery, to coordinate available resources and services.
- * I understand I may revoke this consent at any time by contacting HPP Cares.
- * An additional HPP Cares staff member may sit in on your consultation session for training and quality control purposes. All observers are bound by the same confidentiality and privacy standards.

Signature

Date