



CONFIDENTIAL
Big Sur Storm and Fire Relief Fund 2017
Employee - Damage/Loss Survey

All the information provided in this form is confidential and is only for the use of CPOA to help us determine how to best direct financial and other resources as part of the storm and fire relief effort. Thank you for taking the time to complete this.

Employee
Name (s):
Phone No.:
Email:
Mailing Address:

Business Name(s):
Employer Name(s):
Phone No:
Email:
Address:

Employment Status: Still working for employer (circle one) Yes / No
If not working, last day of work _____
Reason for not working _____
Are you (circle one) Part-Time or Full-Time?

PLEASE LEGIBLY HAND PRINT YOUR ANSWERS! Thank you.
Please complete the following questionnaire:

1. Household information
 - a. Size of Household that you support (circle one): 1 2 3 4 5 5+
 - i. Names of family members



- b. Number of children under the age of 18 in household: _____
- c. Who is the head of the household? _____

- 2. Have you applied for unemployment and when did you apply?

- 3. Do you need temporary or long-term housing assistance? Yes / No
 - a. Please provide details regarding your housing needs.

- 4. Do you have any storm or fire related damage?

- 5. Questions or comments for CPOA?

Please e-mail this form to CPOA at: cpoa.storm.fire.fund@gmail.com

Or Mail to: CPOA, POB 59, Big Sur, CA 93920