# NEIGHBOUR-TO-NEIGHBOUR RECOVERY

## Resident Request Form

Please complete only what you are comfortable sharing. Your contact information will remain private. Only requested items and an anonymous request number will be shown publicly, with your permission.

### 1. RESIDENT CONTACT INFORMATION

**Full name** _____

**Preferred phone number** _____

**Email address** _____

**Current or temporary community/location** _____

**Preferred way for Critteraid to contact you:**

☐ Phone call ☐ Text message ☐ Email

### 2. CURRENT SITUATION

**Which best describes your current situation?**

☐ My home was lost ☐ My home is currently uninhabitable

☐ I am temporarily displaced ☐ Other: _____

**Where are you currently staying? (optional)** _____

### 3. HOUSEHOLD INFORMATION

**Household members needing support:**

**Adults** _____

**Children** _____

**Children's ages (optional)** _____

**Pets or animals in the household** _____

**Are there accessibility, mobility, allergy or other considerations that may affect the items offered?**

_____

_____

_____

_____

## 4. ITEMS NEEDED

*List one item per row. Include sizes, quantities, dimensions, colour preferences or other details that are important. Additional pages may be attached.*

| # | Item needed | Important details / size / quantity | Priority | Status (office) |
|---|---|---|---|---|
| 1 | | | ☐ Urgent<br>☐ Soon<br>☐ Later | |
| 2 | | | ☐ Urgent<br>☐ Soon<br>☐ Later | |
| 3 | | | ☐ Urgent<br>☐ Soon<br>☐ Later | |
| 4 | | | ☐ Urgent<br>☐ Soon<br>☐ Later | |
| 5 | | | ☐ Urgent<br>☐ Soon<br>☐ Later | |
| 6 | | | ☐ Urgent<br>☐ Soon<br>☐ Later | |

**Overall priority:**

☐ Urgently needed ☐ Needed soon ☐ Rebuilding later

**Are there particular items you do not want or cannot accept?**

_____

_____

_____

_____

## 5. PICKUP AND DELIVERY

**If a suitable item is found:**

☐ I can pick it up ☐ I may need delivery assistance

☐ Someone else can pick it up for me ☐ I am not sure yet

**Vehicle or transportation limitations (optional)** _____

**Best days/times for pickup or delivery** _____

## 6. PERMISSION AND PRIVACY

Critteraid may publish the requested item, relevant item details and an anonymous request number so community members can offer help. Your name, address, phone number, email and private circumstances will not be published unless you provide separate, specific permission.

**Please select one:**

☐ YES - Critteraid may publish my requested items anonymously.

☐ NO - Keep my entire request private and use it only for internal matching.

**If an item is offered, Critteraid may:**

☐ Contact me before accepting or arranging anything.

☐ Share my contact details only after asking for my permission.

## 7. ADDITIONAL INFORMATION

**Is there anything else you would like Critteraid to know privately?**

## 8. RESIDENT CONFIRMATION

I confirm that the information provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee that every requested item will become available, and I may decline any offered item.

**Resident signature** _____

**Date** _____

☐ Form completed by resident ☐ Form completed by Critteraid volunteer on resident's behalf

**Volunteer name, if applicable** _____

## FOR CRITTERAID USE ONLY

| | |
|---|---|
| **Request number** | |
| **Date received** | |
| **Received by** | |
| **Review status** | ☐ New ☐ Reviewed ☐ Posted ☐ Closed |
| **Follow-up notes** | |