

**HMIS OHV RUSH Short Application**

Disaster Application Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Are you still interested in Ohana Hope Village?  Yes  No

Last Name, First Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Impacted Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Total Number of People in the Household: \_\_\_\_\_ Total Number of Children: \_\_\_\_\_

Is anyone disabled:  Yes  No

Date of Birth of your youngest Child: \_\_\_\_\_

Name of Other Household Members:

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_