

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
Emergency Assistance Application**

(Please Type or Print)

A P P L I C A N T	APPLICANT'S NAME (LAST, FIRST, M.I.)					
	STREET ADDRESS					
	EMERGENCY ADDRESS				EMERGENCY TELEPHONE	
	CITY		STATE		ZIP CODE	
	HOME TELEPHONE		OFFICE TELEPHONE		CSEA NUMBER OR SOCIAL SECURITY NUMBER	
	CHAPTER NAME & NO.					
	TYPE OF DISASTER (earthquake, fire, flood, etc.)					DATE

Evacuated? YES NO If so, for how long? _____

Who was evacuated? _____ Pets? _____

Damage to home? YES NO

Total approximate dollar amount of loss in damage, food loss: \$ _____

Attach verification/statement that an **official agency** deemed your primary place of residence **uninhabitable** and partially or temporarily condemned.

AGENCY (such as Fire, Police or City/County Building Department)

DEPENDENT INFORMATION

Do you have dependent children in the home under the age of 18? YES NO

If yes, please indicate number of children and ages: _____

I certify under penalty of perjury that the information furnished in this application is true and correct. I understand that any misstatement or falsification may result in my disqualification.

APPLICANT'S SIGNATURE	DATE
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**RETURN TO: CSEA, Attn: Emergency Relief Program, 2045 Lundy Ave., San Jose, CA 95131
OR Fax to: (408) 432-6249 OR Email to humanitarian@csea.com
(MUST BE SUBMITTED WITH IN 90 DAYS OF CATASTROPHIC EVENT)**

FOR OFFICE USE ONLY

Application Approved? YES NO Date _____

Eligible for STJ? YES NO If yes, added to STJ list? YES Date added: _____



ATTENTION CSEA MEMBERS & CHAPTER LEADERS...

The Sacramento Field Office Staff and your CSEA family send our deepest heartfelt thoughts and prayers to the families and our members being affected by the Carr Fire in Shasta County.



Spread the word...CSEA help is available!

CSEA offers Emergency Relief Assistance by providing emergency funds for temporary housing, clothing, food, etc. to eligible CSEA members whose primary place of residence is uninhabitable as a result of the disaster. The maximum assistance under the program is \$1,000 per applicant.

Please have members contact your local field office at 209-472-6100 or you may contact our CSEA Member Benefits Coordinator, Beth Mattsson at (408) 771-5351 or email at bmattsson@csea.com or contact CSEA Member Benefits Director, Karin Buckner at (800) 632-2128 x 1234 to see if they qualify for emergency assistance.



Our Mission: To Improve the lives of our members, students and community.