



**Florida Alpha Delta Kappa
Disaster Response Form
2022-2024**

Name _____ Date _____

Address _____

Alternate Address _____

Cell Phone # _____ Alternate Phone # _____

E-mail Address _____

District _____ Chapter Name _____

Describe the nature of loss or damage (home, school, vehicle). Please include photos attach a separate sheet if you need more space.

Estimated Cost of Loss _____

Do you have replacement cost included on your insurance policy? Yes _____ No _____

How much has insurance covered? _____ Deductible Amount? _____

If insurance reimbursement is pending, how much do you expect to receive? _____

What type of assistance would best help you? Please check:

Money Food (gift card) Gas Cards Clothes-Sizes _____ School Supplies

Please submit this form to The Florida Disaster Response Committee Chairman:

Kathleen (Katie) Davies
 5342 7th Ave. N
 Saint Petersburg, FL 33710-6504
Davieskatie2026@gmail.com
 (727)742-2518
 Florida District V

Date Received _____

Disposition of Claim: Approved _____ Denied _____