



Louisiana Federation of Teachers Disaster Relief

Following the August flood, LFT is working to establish a database of impacted members. Please complete the form below and return it to LFT to help us determine the extent of need and to help us allocate resources.

Name	Union Local Name
Original Address	Temporary Address
Mailing Address (PO Box)	Work Mailing Address
Job Title	Work Site Name
Current Home Phone	Mobile Phone
Email	Work Phone

If you have a FEMA or insurance claim, please attach a copy for description of losses, sign and date this form then return.

(If not, please complete remainder of application)

- My primary residence has been condemned
 - I have been displaced ____ (how many days?)
 - My primary residence (which I own) has structural damage
 - My car is total loss
 - My car has significant damage
 - My personal property has significant damage
 - furniture
 - electronics
 - appliances
 - clothing
- Estimated value of property loss \$_____

Do you have any other information that you would like to share with LFT?

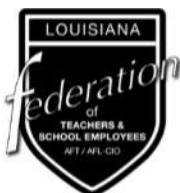
(If to, please include as additional pages or attachments.)

I certify that the information provided in this application is correct to the best of my knowledge.

Member signature:

Date:

E-mail to disasterrelief@lft-aft.org; FAX to (225)923-1461; Mail to LFT, 9623 Brookline Avenue, Baton Rouge, LA 70809.



Louisiana Federation of Teachers

Larry Carter, Interim President

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