

Cumberland County Schools Student/Employee Request for Disaster Assistance

Complete the application below for disaster assistance and return to the CCS Social Work Department,
Attn: Pamela Story by fax at (910) 678-2617.

Assistance is requested for:

_____ **STUDENT(s)**

Parent/Guardian's Name: _____

Current Address: _____

Phone number(s): _____ Email: _____

LAST NAME	FIRST NAME	SCHOOL	GRADE	NCWISE

Please circle specific needs: Clothing, shoes, school supplies, medication, other _____.

Please specify amount of funds requested: _____

_____ **EMPLOYEE**

Employee Name: _____

School: _____ Telephone _____

E-mail Address: _____

Please circle specific needs: Clothing, shoes, medications, household items, replace work materials, food, other _____.

Please specify amount of funds requested or attach receipts: _____

Please describe any other special circumstances and financial requests related to the disaster: _____

_____ Date _____ Signature of referring party _____ Telephone _____

SSW OFFICE USE ONLY

Funding Source: _____ CCS Disaster Relief _____ Piedmont Natural Gas

Action Taken: _____
