

DEPARTMENT OF HOMELAND SECURITY  
 Federal Emergency Management Agency  
 Hermit's Peak/Calf Canyon Claims Office

OMB Control No. XXX-XXX  
 Expiration Date: XX/XX/XXXX

### EVACUATION INFORMATION WORKSHEET

CLAIMANT CONTACT INFORMATION		
Claim Number:	Primary Claimant Name:	Age:
Current Address:		
City, State, Zip, and County:		
Contact Phone Number:	Email (Optional):	
OTHER FAMILY MEMBERS		
#	NAME	AGE
1		
2		
3		
Evacuation Destination:		
Dates of Evacuation:		
Total Miles for Reimbursement Request:		
Evacuation Lodging Type:		
Total Lodging Expenses: \$		
Additional Expenses (Please provide explanation of additional expenses below): \$		
Did you experience food loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		Could you return home after evacuation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:		
The undersigned declares under penalty of perjury under the laws of the United States that the information provided is true and accurate.		
Claimant Signature:	Claimant Printed Name:	Date: