

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

OMB Control No. 1660-0159
 Expiration Date: XX/XX/XXXX

EVACUEE HOSTING

CLAIMANT CONTACT INFORMATION		
Claim Number:	Primary Claimant Name:	
Current Address:		
Contact Phone Number:	Email (Optional):	
EVACUEES HOSTED (If additional space is needed, please use the additional information box below)		
NAME	AGE	GENDER
Dates of Hosting:		
Note: You are only required to submit amounts for utility expenses, food expenses, and total compensation if requesting reimbursement for actual cost. If using the Claims Office standard rate, these amounts will be estimated after submission of this form.		
Total Utility Expenses: \$	Total Food Expenses: \$	Claimed Increase Mileage:
Additional Expenses (Please provide explanation of additional expenses below): \$		
Total Host Compensation: \$		
Additional Information:		
The undersigned declares under penalty of perjury under the laws of the United States that the all information on this form is true and accurate.		
Claimant Signature:	Claimant Printed Name:	Date: