DISASTER RECOVERY CENTER
ROUTING SLIP

IReception #

NAME_____Bearfoot Bay DRC_____COUNTY____Brevard_____DATE____

WELCOME TO THE RECOVERY CENTER. THE FOLLOWING AGENCIES ARE HERE TO ASSIST WITH YOUR DISASTER RELATED NEEDS. PLEASE VISIT ALL OF THE AGENCIES CHECKED ON THIS SHEET.

		Agency	REP initials
_____	1	Department of Children & Families	_____
_____	2	Behavioral Health Support	_____
_____	3	Department of Elder Affairs	_____
_____	4	Department of Financial Services	_____
_____	5	Department of Highway Safety	_____
_____	6	Department of Veterans	_____
_____	7	Department of Workforce Innovations	_____
_____	8	United Way	_____
_____	9	Senior Resource Alliance	_____
_____	10	Brevard Long Term Recovery Coalition	_____
_____	11	County Health Department	_____
_____	12	Salvation Army	_____
_____	13	Other American Red Cross	_____
_____	14	Other	_____
_____	15	Other	_____
_____	16	EXIT INTERVIEWER	_____

PLEASE RETURN THIS FORM TO THE EXIT INTERVIEWER AS YOU LEAVE. IF YOU HAVE ADDITIONAL QUESTIONS OR DO NOT FEEL THAT ALL OF YOUR QUESTIONS WERE ANSWERED, PLEASE LET THE EXIT INTERVIEWER KNOW AND WE WILL ARRANGE TO HAVE SOMEONE SPEAK WITH YOU.