



STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**DISASTER REQUEST FOR FUNDS FORM**  
 CDA 1032 (REV 11/2017)



<b>SECTION II</b>				
<b>Disaster services provided by or through the Area Agency on Aging this reporting period:</b>				
<b>Services</b>	<b>Number of Seniors Served</b>	<b>Number of Times Service Provided</b>	<b>Estimated Cost of Assistance Provided By/Through Area Agency</b>	<b>Area Agency on Aging's Share of Assistance Costs</b>
<b>A. Expanded I&amp;A Services</b>				
<b>B. Expanded Congregate Meals</b>				
<b>C. Expanded Home-Delivered Meals</b>				
<b>D. Expanded Transportation</b>				
<b>1. To/From FEMA Help Center</b>				
<b>2. To/From Medical</b>				
<b>3. To/From Other _____</b>				
<b>E. Expanded In-Home Care</b>				
<b>F. Forms Completion Assistance</b>				
<b>G. Expanded Care Management</b>				
<b>H. Relocation/Moving Assistance (evacuation)</b>				
<b>I. Assistance with Home Clean-up</b>				
<b>J. Expanded Legal Services</b>				
<b>K. Special Outreach Activities</b>				
<b>L. Support at FEMA Help Centers</b>				
<b>M. 1. Other _____</b>				
<b>2. Other _____</b>				
<b>3. Other _____</b>				
<b>N. Administrative Support</b>				
<b>REPORT PERIOD TOTAL</b>				



**SECTION IV**

**Attach documentation or supporting evidence authorizing your agency to provide service(s) (e.g., copies of receipts, written agreements, verbal authorization by whom, etc.). Documentation should include the following (continue on separate piece of paper if additional space is needed):**

**A brief assessment of the need for the service/assistance:**

**The areas or communities receiving the service or assistance:**

