

KATRINA HOSPITALITY CONNECTIONS FOR THE DISPLACED
QUESTIONNAIRE FOR DISPLACED PERSON(S) NEEDING HOSPITALITY

Date of referral: _____

Number of people being referred: _____

Name and contact information of person referring you to this program (if other than yourself):

I. Family Unit being Referred

Head of Household:

1. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____

Other Members of the Household:

2. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

3. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

4. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

5. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

6. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

7. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

8. Name: _____
Sex: M F Date of Birth: _____ Social Security Number: _____
Relationship to Head of Household: _____

Originating Location (City and State): _____

Present Location (City and State): _____

Contact Information: _____



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Does everyone in your family have a picture ID issued by a State or federal authority?
 Yes No

If not, please indicate the family member(s) lacking identification:

Any health conditions requiring immediate or regular attention and name of person(s) with condition:

Any medications needed for conditions and name of person(s) needing medication:

Any other issues that host congregations or affiliates should know about:

I/we do do not belong to a congregation. If so, provide the name and location of the congregation:

I/we do do not have a family member elsewhere in the U.S., in whose community we would like to be hosted.

Name of family member: _____
Contact Information: _____
City and State: _____

II. Extended Family Members not Included in this Referral

1. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

2. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

3. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

4. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

5. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____



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6. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

7. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

8. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Present Location (City and State): _____

III. Family Members Not yet Located

I/we do do not have other family members displaced by Katrina who we have not been able to locate.

1. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

2. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

3. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

4. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

5. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

6. Name: _____

KATRINA HOSPITALITY CONNECTIONS FOR THE DISPLACED
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Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

7. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

8. Name: _____
Sex: M F Date of Birth: _____ Relationship: _____
Last Known Location (City and State): _____
Has a tracing request been filed for this person with ICRC? yes no

IV. Agreement

I/we agree to be hosted by a congregation or affiliate for up to three months, reserving the right to refuse an offer of hospitality from any location where I/we choose not to go.

I/we understand that:

- The host congregation or affiliate has agreed to provide me/us transportation to the host community.
- I/we will be provided with housing, which may be temporary or church housing.
- The host congregation or affiliate has agreed to provide for my/our needs for up to three months, to the best of their ability.
- If I/we don't like some part of the hospitality being offered, I/we have the right to leave the host congregation or affiliate.
- I/we will need to seek whatever employment might be available on a short term basis to help with my/our care.
- I/we will be free to stay in the host community beyond the three months (at my/our own expense) or return to my/our previous home at any time (at my/our own expense).
- I/we agree to participate in this program at my/our own risk and hereby release the host congregation or affiliate, Church World Service's Immigration and Refugee Program, and anyone referring me/us to this program from any liability.

Signature of Head of Household: _____ Date: _____

Signature of Referring Person: _____ Date: _____