

Camp Fire Recovery Generated Needs Phase 2 Requirements

Dear Camp Fire Survivor,

Thank you for your interest in receiving an application to apply for supplemental financial assistance from the Northern California Conference of Seventh-day Adventists General Camp Fire Disaster Recovery Fund.

In order to qualify for consideration to receive a gift from this fund, it is important that the following requirements are met:

Requirements:

1. Applicant must have a valid picture ID with an address in the burn zone.
2. Applicant must have experienced significant loss as a result of the Camp Fire of November 2018.
 - a. One of the following must apply
 - i. Loss of home
 - ii. Adverse impact on applicant's employment
 - iii. Loss of use of applicant's (undamaged/damaged) home
 - iv. Loss of applicant's transportation
 - b. Uninsured or Underinsured
3. Applicant must provide a recovery plan as developed by a case manager from a Federal and/or State Disaster Relief organization.
 - a. www.211.org Social Services 866-916-3566 or dial 2-1-1 to connect to local help.
 - b. Case Managers and recovery plans are available from:
 - i. **IDCM** - Employment Center 2445 Carmichael, Chico CA thru May 2019
8am-5pm M-F Walk-ins only. No Phone Number
No FEMA number is needed here, and you must be a disaster survivor
 - ii. **Northern Valley Catholic Social Services**
530-345-1600 or 530-685-0909 Leave a Message for Sendi
 - iii. **Salvation Army-Disaster Services**
530-342-1871 Chico or 530-534-7155 Oroville
4. Applicant must be able to provide his/her **FEMA number**.
5. Applicant must be available for a verbal interview by one of our representatives after the completed application has been received.

If you meet the above requirements, you will be able to receive the application to apply for recovery funds by contacting **only one** of the following Seventh-day Adventist Churches:

- ◇ Chico Seventh-day Adventist Church- 1877 Hooker Oak Ave, Chico, CA 95926 (530-342-7777)
Email office@chicoadventist.org
- ◇ Golden Feather SDA Church (Yankee Hill) – Mail: PO Box 4370 Yankee Hill CA 95965 (530-533-3594)
Email for Phase 2 applications to phase2appsOroGF@gmail.com
- ◇ Oroville SDA Church - 1180 Robinson St. Oroville, CA 95965 (530-533-4461)
Email for Phase 2 applications to phase2appsOroGF@gmail.com
- ◇ Paradise SDA Church – 2500 Floral Ave. Ste. 30, Chico, CA 95973 (530-877-4454)
Email brittany@paradiseadventist.org
- ◇ Upper Ridge SDA Church (Magalia) - Mail: PO Box 388. Magalia CA 95954 (530-873-0687)
Email ursdachurch@gmail.com

After that same church receives your completed application, you will receive contact from one of their representatives for the verbal interview and the process will move forward to the committee for a final decision. You will be notified by phone from a representative from that same church as to the results of the committee's action on your request.

We look forward to aiding you in your recovery. The IRC Committee

Information Required To Apply For and Receive Financial Assistance
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Name (must show picture ID): _____ Date: ___ / ___ / ___

List all members/dependents in this household (first/last name with birth month & year)

First/Last Name	Birth Month/Year
_____	_____
_____	_____
_____	_____
_____	_____

First/Last Name	Birth Month/Year
_____	_____
_____	_____
_____	_____
_____	_____

Primary residence address affected by the Camp Fire November 2018: (circle one) Owner or Renter

Cell Phone: _____ Email address: _____

Emergency Contact & phone: _____

Financial Information:

Please describe your loss in the Camp Fire: (Home, Car, Boat, Camper, etc.)

Did you have insurance for what you lost? Yes No

Is there anything you did NOT have insurance for? Yes No

If so, what: _____

Do you have health insurance? Yes No

Do you receive assistance from the government? Yes No
(SSI, Disability, Food Stamps, etc.) If so how much each month? _____

Did the Camp Fire adversely impact your employment? Yes No If "yes", how long? _____

Which previously employed family members are now unemployed because of the Camp Fire? _____

What is the financial need you have right now (NOT met by insurance) where donated funds would be the most meaningful/helpful to you? Please list the need, amount required and some supporting documentation if possible (i.e. written estimates, price quotes, vendor name & address, etc.)

Applicant's Signature: _____ Date: _____ (continue application on page 2)

Page 2 of 2: Applicant's Name: _____

Applicant's Photo ID must be presented for each application submitted.

An IRC (Northern California Conference Intra-church Camp Fire Recovery Committee) overseeing committee will continue to distribute funds for as long as the funds are available.

You are receiving this money thanks to many generous donors from around the Northern California Conference of Seventh-day Adventists, the Pacific Union, and many Seventh-day Adventists at a distance. The Northern California Conference Communications Department would like to share stories (in various publications and online) about how this money is helping our community after this devastating fire. Can we share your story to assist our continued fundraising efforts to help more Camp Fire victims?

- Yes. I am happy to share my story please contact me with any questions.
- Yes. I'm happy to share my story but would prefer to be anonymous. Please contact me at _____ with any questions.
- No. I do not want to share my story.

Return completed applications to:

- ◇ Chico Seventh-day Adventist Church- 1877 Hooker Oak Ave, Chico, CA 95926 (530-342-7777)
Email office@chicoadventist.org
- ◇ Golden Feather SDA Church (Yankee Hill) – Mail: PO Box 4370 Yankee Hill CA 95965 (530-533-3594)
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For staff use only:

Photo ID and address verified/certified by: _____

IRC approved \$ _____ Date of approval: _____

Signature IRC Member: _____

PAC Treasurer and Office Staff Use:

\$ _____ disperse to: _____ (Vendor)

Vendor Address: _____

Check Number #: _____ Date On Check: _____

\$ _____ disperse to: _____ (Vendor)

Vendor Address: _____

Check Number #: _____ Date On Check: _____

\$ _____ disperse to: _____ (Vendor)

Vendor Address: _____

Check Number #: _____ Date On Check: _____

Who picked up the check: _____

IRC Member signature: _____

Date check mailed or picked up _____