



To: Local Union 251  
Joint Council 10  
BLET  
BMWED  
GCC

From: Antonio Christian, Secretary  
Teamsters Disaster Relief Fund

Date: November 16, 2012

**PLEASE POST**  
**DISASTER ALERT NOTICE**  
**FEMA – 4089– DR – RHODE ISLAND**

***DESCRIPTION OF DISASTER***

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of RHODE ISLAND opening the way for the use of federal disaster funds for people affected by *Hurricane Sandy* that occurred on October 29, 2012. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

Newport and Washington Counties

*Teamster members, please contact your Local Union office if you have suffered losses due to Hurricanes; fill out a “Request for Help” form (include all requested documentation) if you would like to request a grant from the Teamsters Disaster Relief Fund.*

**DISASTER RELIEF FORMS MUST BE RETURNED TO THE  
TEAMSTERS DISASTER RELIEF FUND BY**

**THURSDAY, JANUARY 31, 2013**

**REQUEST FOR HELP**  
**TEAMSTER DISASTER RELIEF FUND**  
**Reference Number-4089**

**Important Information:**

**This Form must be completed in full and Requested Documents must be attached for consideration. Please note that only claims over \$500.00 will be considered.**

**\*\*Requested Documentation: Copies of Insurance Policies, Damage Claim forms, Repair or Reconstruction Estimates, Correspondence from Governmental or other Private Aid Agencies and pictures.**

**Please print all information**

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

(where you can be reached)

Address \_\_\_\_\_

S.S.N. \_\_\_\_\_

\_\_\_\_\_

Parish or County: \_\_\_\_\_

Local Union \_\_\_\_\_ IBT  BMWED  GCC  BLET

(if applicable)

**Check one:**  Married  Single  Widow/Widower  Legally Separated or Divorced

**No. of Dependents & Age (excluding yourself):** \_\_\_\_\_

**Employment Status:**  Working  Unemployed due to disaster  Unemployed (pre-disaster)  Retired

**Employer:** \_\_\_\_\_

If working, what is your current rate of pay \$ \_\_\_\_\_.

If unemployed or laid off due to disaster, what was your rate of pay immediately prior to the disaster. \$ \_\_\_\_\_

How many days/weeks have you been without wages \_\_\_\_\_.

Do you expect to be recalled or reemployed by your employer?  If so, when \_\_\_\_\_.

**Other Current Sources of Household Income (please check all that apply):**

Spouse earnings  Alimony/Child Support  Pension  Savings/Investment  Government Benefits

Estimated current weekly household income from all sources \$ \_\_\_\_\_.

Estimated current weekly household expenses (food, housing, transportation, clothing) \$ \_\_\_\_\_.

**Extent of Damage:**

\_\_\_\_\_ Total (total loss of primary residence, vehicles, personal property; permanent loss of employment)

\_\_\_\_\_ Major (substantial damage to primary residence, vehicles, personal property)

\_\_\_\_\_ Minor (some damage to primary residence, debris on property, temporary loss of wages for a week or more, etc.)

**Describe briefly:**

\_\_\_\_\_  
\_\_\_\_\_

**Estimated Losses:** *PRIMARY RESIDENCE* \$ \_\_\_\_\_ Dollar Amount  OWN  RENT

ITEMIZE BRIEFLY: (DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)

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Are any of these losses covered by insurance? \_\_\_\_\_ NO \_\_\_\_\_ YES

if yes, what is the policy deductible \$ \_\_\_\_\_ what is the policy limit \$ \_\_\_\_\_

**Estimated loss:** *PERSONAL PROPERTY* \$ \_\_\_\_\_ Dollar Amount  
(CAR, TRUCK, FURNITURE, APPLIANCES, CLOTHING, ETC.) Itemize briefly:

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Are any of these losses covered by insurance? \_\_\_\_\_ no \_\_\_\_\_ yes

if yes, what is the policy deductible \$ \_\_\_\_\_ what is the policy limit \$ \_\_\_\_\_

Have you already applied to: Red Cross: \_\_\_ Yes \_\_\_ No F. E. M. A.: \_\_\_ Yes \_\_\_ No

Are you receiving federal, state, or other disaster relief? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what type: \_\_\_\_\_ Total already received \$ \_\_\_\_\_

For each type of loss described above, please estimate the amount that you do not expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief):

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Previous aid received from Teamster Disaster Relief Fund: Total \$ \_\_\_\_\_

I certify the above statements to be true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DUE BY THURSDAY, JANUARY 31, 2013**

Send To: Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001

Committee Use Only

Reviewed by: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Received by: \_\_\_\_\_

Date: \_\_\_\_\_