

USDA FOODS DISASTER APPLICATION TEMPLATE

Disaster Type/Event Name:	Date:	Time:
Your Name:	Your Phone #:	
Requesting Agency:	Contact Name:	
Contact's Location:	Contact Phone 24-hr #:	
Location where USDA Foods requested: <input type="checkbox"/> Congregate Shelter; <input type="checkbox"/> Mobile Kitchen; <input type="checkbox"/> Other: _____ Address: Contact at location & Phone 24-hr #: Person's Role: <input type="checkbox"/> Mass Care; <input type="checkbox"/> Logistics; <input type="checkbox"/> Other: _____ Number of people requiring meals at this location: _____ Period of time (# of dates) USDA food support requested: _____		

USDA Foods being requested and amounts (quantity and type): ex. 50 cases of green beans

DATE & TIME USDA Foods needed at location:
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Check warehouse inventories and determine if Distributing Agency can fill request with in the date/time requested. (Factor in the travel time from warehouse to location, shipment from out of state/off-island, etc.)

Name and location of warehouse with requested foods available: _____

Warehouse contact name and 24 hour contact number: _____

Date/Time order submitted to warehouse: _____, via <input type="checkbox"/> Fax _____, via <input type="checkbox"/> Email _____

USDA CODE (Material)	USDA Food Description	Type: Dry, Frozen, or Refrigerated	Servings/Case	Quantity/Case	Cases Requested	Cases able to Provide