



## Marin Interagency Disaster Coalition

Cooperation | Coordination | Communication | Collaboration

# Post-Disaster Agency Status Report

This form is intended to help your agency report on services provided, seek help in meeting additional needs and be part of the network responding to a disaster in our community. You can press "Tab" to jump from field to field on this fillable PDF form. When complete, save the file to your computer and email it to [marincountyeoc@co.marlin.ca.us](mailto:marincountyeoc@co.marlin.ca.us) or print and fax the form to (415) 473-5604.

Date	Agency Name		
Agency Street Address			
City	State	Zip	
Phone (land line)	Phone (cell)		
Contact Name	Email		
Has agency relocated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relocation contact info			
Agency Status: <input type="checkbox"/> Full Operation <input type="checkbox"/> Partial Operation <input type="checkbox"/> Non-Operational			
Services your agency is providing:			
<input type="checkbox"/> Meals/Food <input type="checkbox"/> Mental Health Contacts <input type="checkbox"/> Transportation <input type="checkbox"/> Shelter <input type="checkbox"/> Vehicles <input type="checkbox"/> Translators			
<input type="checkbox"/> Other (please describe):			
Approximate number served to date (if available):			
Shortfall of resources or other operating problems:			
Unmet needs/problems you have observed in the community:			
Resources your agency can share:			
<input type="checkbox"/> Meals/Food <input type="checkbox"/> Mental Health Contacts <input type="checkbox"/> Transportation <input type="checkbox"/> Shelter <input type="checkbox"/> Vehicles <input type="checkbox"/> Translators			
<input type="checkbox"/> Other (please describe):			
Approximate number of active volunteers, if available			