

## **DISASTER ASSISTANCE FORM**

California Department of Aging Project Emergency Contact Information CDA 42 (New 3/83)

NOTE:	E: This information is for purposes of communication in case of local disaster or emergency.			
	Agency Name: Program Name: Counties Served:			
4.	Director:	Name: Business Address:		
		Telephone: Business: E-mail Address:		After Hours:
5.	Emergency Co	oordinator: Name: Business Address:		
		Telephone: Business: E-mail Address:		After Hours:
6.	Alternate En	nergency Coordinator: Name: Business Address:		
		Telephone: Business:		After Hours:

Date of Form Completion: (mm/dd/yy)

**E-mail Address:**