



Emergency Welfare Inquiry and Family Reunification Request Form

Disaster Cycle Services Job Tools Response/Reunification

Instructions For Use

Complete this form when an emergency welfare inquiry or family reunification request is needed. Either of these two requests results in a comprehensive search for that individual and follow-up with the seeker. This form may be used in the field or by a virtual reunification call center team member.

This job tool should be used in conjunction with the following doctrine which can be found on the Reunification Toolkit on The Exchange:

- [Reunification Standards and Procedures](#)
- [Job Tool: Reunification Services](#)
- Job Tool: Virtual Reunification Call Center Support (in development)
- Job Tool: Emergency Welfare Inquiry and Family Reunification Request Log User Guide (in development)

Please fill out each required field (marked with *) and the non-required fields when appropriate.

Form Section	Required ?	Information
Action Requested	Required	Select the action to be taken on the case from the list provided
Reason for Concern	Required	Select the appropriate concern category. This selection helps a Reunification worker more clearly understand the reason for why a case is classified as an “emergency/military welfare inquiry”
Seeker Information	Required	Provide the last name, first name, address, city, state, phone and any additional information for the person looking for someone
Sought Person Information (the person who is being looked for)	Required	Provide the last name, first name, gender, relationship to seeker, city, state, and any additional information for the person being looked for
Sought Person Physical Description		Fill in additional information, as appropriate. Additional information entered into this section assists the comprehensive search for the sought person
Sought Person Contacts		Fill in additional contacts, as appropriate. Additional contacts provided in this section assist the comprehensive search for this individual.

Form Section	Required ?	Information
Additional Information on Sought Person:		Provide additional relevant information, as appropriate and available
Red Cross Actions	Required	Log all actions taken during the comprehensive search for the sought individual, including phone calls, coordination with partners, etc. This log ensures that there is no duplication of effort and consistency during a staff transition.
Red Cross Worker Contact Information	Required	<ul style="list-style-type: none"> • <u>Date/Time resolved</u>: Provide date and time a case is resolved to ensure the case log is updated. • <u>Red Cross worker name/member #</u>: Provide information for the Reunification Lead that authorized the resolution of a case. • <u>DR# / Service Delivery Site</u>: Consult with the site manager to determine the appropriate DR# or service delivery site name. • <u>Service Delivery Site Phone Number</u>: helpful for case follow-up.

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Action Requested			
*Case status (start/finish) <input type="checkbox"/> Create an Emergency Welfare Inquiry <input type="checkbox"/> Create a Family Reunification Request <input type="checkbox"/> Create a Military Welfare Inquiry	<input type="checkbox"/> Close Case		
Reason for Concern			
*Category of concern <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Access or Functional Need <input type="checkbox"/> Disability <input type="checkbox"/> Military-Connected Community Member <input type="checkbox"/> Other	Additional notes about concern:		
Date/time sought person was in contact:	Where sought person was last seen:		
Seeker Information			
*Last name	*First Name		
Address	*City	*State	Zip
County	*Phone		Alt Phone
Email	Best time to contact <input type="checkbox"/> Weekday <input type="checkbox"/> Morning <input type="checkbox"/> Weekend <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Sought Person Information			
*Last name	*First name	MI	
*DOB/Age	*Gender	*Relationship to seeker	
Address	*City	*State	Zip
County	Phone		Alt Phone
Email:	Primary language:	Secondary language:	
Sought Person Physical Description			
Clothing	Hair color	Hair style	
Weight	Height	Build	

Race	Complexion	Eye color
Distinguishing marks (moles, scars, tattoos)	Facial hair (moustache, beard, sideburns, etc.)	Eyeglasses: (Y or N)
Items carried		
Sought Person Contacts		
Name/phone of others living in the sought individual's household	Name/phone of other relatives	
Name/phone of neighbors	Name/phone of friends	
Additional Information on Sought Person		
Employer	Place of worship	
Additional places the sought person often goes	Reason the sought person might not want to evacuate	
Additional information that might help in locating the sought person		
Red Cross Actions		
*Action taken	*By whom	*Date/Time
*Action taken	*By whom	*Date/Time
*Action taken	*By whom	*Date/Time
Red Cross Worker Contact Information		
*Date/time case resolved	*DR#/Service Delivery Site	
*Authorizing Red Cross Worker name or Member#	*Service Delivery Site phone number	