



VEGAS STRONG RESILIENCY CENTER (VSRC)

Date: _____ Time: _____

First Name: _____ Last Name: _____

Street Address: _____ Phone (cell): _____

_____ Phone (home): _____

City/State/Zip: _____ Date of Birth: _____

Email: _____

Is this your first visit to the VSRC? Yes No

Are you a victim of the 1 October event? Yes No

If you are the victim:

Have you been interviewed by Law Enforcement? Yes No

If yes, which agency(ies)? FBI

Las Vegas Metropolitan Police Department

Other: _____

If you are not the victim:

Name of Victim(s): _____

Victim's Date of Birth: _____ Relationship _____

Number of People in Party: _____

Assistance Requested:

Financial Assistance Counseling/Spiritual Care VOCP Referral

Air Travel Ground/Local Travel Lodging

Healthcare Childcare CCSS Referral

Personal Property Other: _____

Additional Comments: _____



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Consent to Share Information

Privacy: The Vegas Strong Resiliency Center (VSRC) respects the privacy of the people it serves. We will honor your wishes when sharing information about your needs.

Coordination: In some instances, we can better serve you in meeting your needs if we can share your information with other organizations that provide relief and recovery services.

Your preferences and consent: Please tell us how you want us to use your information. We will follow your instructions, unless special circumstances arise in which we need to use your information to address legal or safety requirements.

Please check all that apply:

Sharing declined: I do **NOT** authorize the VSRC to share my information.

General: I authorize the VSRC to share my information with and receive information from other disaster relief and recovery organizations.

Medical Provider: I authorize the VSRC to share my information with and receive information from my medical provider and/or pharmacy as necessary to assist with my identified needs.

Names/Contact Information: _____

Specific: I authorize the VSRC to share my information with and receive information from the specific individuals listed below:

Names/Contact Information: _____

Print Name

Signature