

**EVACUATION
INFORMATION VERIFICATION SHEET**

<u>DEPENDENT INFORMATION</u>		
NAME:	_____	
SPOUSE SSN:	_____	E-MAIL: _____
SPONSOR GRADE / NAME (SSN):	_____ / _____	
SAFEHAVEN ADDRESS:	_____ _____	
IS THIS ADDRESS W/ FAMILY OR FRIENDS:	YES	NO
COUNTY OF ADDRESS:	_____	
PHONE AT ADDRESS:	_____	
NAME, AGE, & SPONSORSHIP STATUS OF DEPENDENTS:		
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

<u>BANK INFORMATION</u>		
BANK ROUTING NUMBER:	_____	
BANK ACCOUNT NUMBER:	_____	
TYPE OF ACCOUNT:	CHECKING	SAVINGS

<u>TRAVEL ADVANCE INFORMATION</u>		
DID YOU RECEIVE A TRAVEL ADVANCE:	YES	NO
IF YES, HOW MUCH:	_____	
From where did you receive the advance	_____	
	(Installation or Location, State)	
IF NO, WOULD YOU LIKE ONE:	YES	NO
HAVE YOU RECEIVED YOUR ORDERS YET:	YES	NO