Insert Logo Here

**Disaster Case Advocacy**

**SERVICES PROVIDED/REFERRALS/LTRC UNMET NEEDS SUMMARY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| List All Referrals Made as well as Services Provided and Dollar Value for Services Accessed by Client | | | | | | | |
| Agency Provider | Service/ **Assistance Type** | | Value of Assistance | | | | **Date of Service**  Include multiple dates |
| **Qty** | | **Unit Cost** | **Total** |
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| Long Term Recovery Committee (LTRC) / Unmet Needs Table | | | | | | | |
| **Assistance Type** | | **Value of**  **Service/Assistance** | | **Date of Service**  Include multiple dates  If appropriate | | | |
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