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 datesIf appropriate |
|  |  |  |
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