

SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING
DISASTER ASSISTANCE REPORT FORM

(DUE WITHIN SIX MONTHS OF DATE OF APPROVAL)

STATE AND REGIONAL AAA	
NAME OF PERSON SUBMITTING REPORT	
POSITION OF PERSON SUBMITTING REPORT	
CONTACT ADDRESS	
CONTACT PHONE NUMBER	
CONTACT EMAIL	

Amount of Funds Received
\$
Date Received:

Describe how the Funds were used:

Number of Persons who benefited: ___ Seniors ___ AAA(s) ___ Others

_____ Invoices are Attached.