



City of Oakland Shelter Registration Form
屋崙(奧克蘭)市政府庇護所登記表

Shelter Name 庇護所名稱		Shelter Address 庇護所地址	
Family Name 姓氏		Total Family Numbers 家庭總人數	Arrival Date: 到達日期:
Pre-Disaster Address 災難前地址		Post-Disaster Address 災難後地址	
Home Phone 住家電話		Cell Phone/Other 手提電話/其他	

Information about Individual Family Members 有關每一位家庭成員的資料

Name: Last, First 姓名：姓氏、名字	Age 年齡	Gender: M/F 性別：男/女	Cot # 床位號碼	Arrival Date 到達日期	Departure Date 離開日期	Relocation Address and Phone after Departing 離開後的地址及電話

Are there members of your family who currently need medical attention or are taking medication? No Yes – Who?

當前您的家庭的成員需要治療或採取療程？ 否 是 – 誰？

Are there other evacuated members of your family who are staying elsewhere? 您有的家庭成員疏散到別處？

No 否 Yes 是

Please list contact information if know: 請列出知道的聯絡資料信息：

Special dietary needs: 特別飲食需要：

Special accommodations required: 特別膳宿：

Housing needs are: 安置需要： Permanent 永久 Temporary 臨時 Unknown at this time 此時未知

Is Home insured? 有房屋保險？ No 否 Yes 是

How is family affected? 家庭怎麼受影響？ Home Damaged 房屋損壞 Home Destroyed 房屋被毀 Home Inaccessible 不能進入房屋 Evacuated from area 從區域疏散出來

I and my family have been read and understood the City of Oakland shelter rules and agree to abide by them.

我及我的家人已經閱讀過及瞭解屋崙(奧克蘭)市政府庇護所的規則并且同意遵守。

Family Member Signature (print and sign): 家庭成員署名(正楷寫及簽名)：

Date: 日期：

Contact information after departure: 離開後的聯絡資料：

Departure Date: 離開日期：

Family Member Signature (print and sign): 家庭成員署名(正楷寫及簽名)：