



## DISASTER RELIEF Decision Reporting Form

Revision: July 19, 2024

Date					
First Name			Last Name		
Address					
City			State		
				Zip	
Phone			Email		
<b>DECISION</b>					
<input type="checkbox"/> Has questions about a relationship with Christ					
<input type="checkbox"/> Receives Christ as personal Savior					
<input type="checkbox"/> Recommits life to Christ					
<input type="checkbox"/> Requests Information from a local church					
<input type="checkbox"/> Other – describe					
Does this person attend a church now? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If <b>YES</b> name and location of church:					
<b>Approximate Age Group</b>					
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-54 <input type="checkbox"/> 55+					
<b>PRAYER REQUEST</b>					
Volunteer Reporting:					
Volunteer DR Unit:					
<b>IMT USE</b>					
Local Church Referral:					
Date:			TBM Representative		

**Distribution:**

**Original**

**Local Church**

**Copy**

**Incident Command Team, Texans on Mission**