



The Ministry of Social Services and Urban Development  
Department of Social Services  
Sunshine Plaza, Baillou Hill Road  
P.O. Box N-1545  
Nassau, The Bahamas

Persons experiencing hardship as a result of a Disaster/Emergency must complete the relevant information on the form provided. A representative from the Department of Social Services will contact you and advise you of the next steps upon receipt of your application.

Email the application and supporting documents to [socialservicesapp@bahamas.gov.bs](mailto:socialservicesapp@bahamas.gov.bs)

## APPLICATION FOR DISASTER/EMERGENCY ASSISTANCE

**\* These are mandatory fields and requirements**

Disaster Name:

Date:

First Name\*

Middle Name:

Last Name:\*

NIB:\*

Date of Birth: day/month/year \*

Island: \*

Street: \*

Subdivision/Settlement: \*

Phone Number: \*

Email: \*

Place of Employment:

Employment ID:

Address of Employment:

Work Telephone:

Comments (optional):

**A copy of the following documents MUST be submitted with this application**

NIB Card \*

Passport ID page (picture page)\*

Other Attachment\*

(Job letter is required where the disaster has affected your work hours)

### DECLARATION:

I certify that I am authorized to make application for the above assistance.

I certify that all information provided for this assistance programme is valid and true.

I certify that I will comply with all rules and commitments established for this assistance program.

I also authorize the Government of The Bahamas to use the information for the purpose of this programme.