

Clothing Assessment

Assessment Date: _____

Did any of the household members lose clothing because of the disaster?

Yes Don't know
 No Refused

Does client/family have useable clothing and shoes for work or school?

_____ Don't know
 Yes Refused
 No

Does client/family have cold-weather clothing (e.g., coats, hats, gloves)

_____ Don't know
 Yes Refused
 No

Did client claim for the clothes with the insurance company?

_____ Don't know
 Yes Refused
 No

Referral Status	Referral	Provider Name	Telephone	Street	City	State	Zip Code
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Assistance with FEMA ONA	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Assistance with insurance claim/appeal	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Laundry Assistance	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to faith-based/ community organization for clothing	_____					