

Housing Assessment

Assessment Date: _____

Where did the client live pre-disaster?

- Owned house/condominium
- Rental house
- Rental apartment
- Staying with friends/family
- Shelter (domestic violence, homeless, runaway and youth)
- Military Housing
- Student dormitory
- Group home or nursing home
- Subsidized housing
- Homeless
- Other _____

In the disaster, was client home damaged or affected?

- Yes
- No
- Don't Know
- Refused

Is client able to access the home?

- Yes
- No
- Don't know

Does client consider home livable or inhabitable?

- Yes
- No
- Don't know

Client Damage Rating

- Not Damaged
- Minor
- Major
- Destroyed
- Client doesn't know

Was client relocated/evacuated?

- Yes
- No
- Don't know

Do all of client's utilities work?

- Yes
- No
- Don't know

Details of Disaster Impacts to home:

Pre-disaster housing insurance status:

- Client owned home and had homeowner's insurance
- Client rented home and had renter's insurance
- Client had hazard-specific insurance for disaster type (for example, food, fire, or earthquake)
- Lack of appropriate Insurance Coverage
- Client does not know insurance status
- Client was insured but does not have insurance policy information
- Client was uninsured

Housing Assessment

Details of insurance information:

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	FEMA -Transitional Shelter Assistance (TSA)						
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Emergency Housing Mass Care Shelter						
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Other Emergency Housing						
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Assistance Housing Reservation (e.g.ARC)						
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Tarp / Blue Roof						
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Other _____						