

**Office of Housing Counseling**

**Survey to Assess Operational and Capacity Status of Housing**

**Name of disaster:**

**Date of declaration:**

**State:**

HCS #	Agency	HUD POC	Agency Contact	Date(s) of attempted contact	Date of Successful Contact

## Counseling Agencies after a Disaster

Agency Operational Y/N	Operational on-site Y/N	Operational Remotely Y/N	Facility Damaged but open Y/N	Facility Damaged and closed Y/N	Staff impacted Y/N	% of staff able to provide services	Are you able to provide all of your approved housing counseling services?	If not what services can you provide?
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<p>Would you like your delivery methods to be expanded to include phone, email, etc. Y/N</p>	<p>Any outreach activities to clients Y/N</p>	<p>Any contact with FEMA, State or local agencies for assistance Y/N</p>	<p>Any contact with FEMA, state or local agencies to offer assistance Y/N</p>	<p>Interested in participating in future loss mit or other programs related to Recovery Y/N</p>	<p>Have you been in touch with your parent agency for assistance or guidance? Y/N</p>	<p>If not impacted , are you able/willig to assist clients from impacted areas/agencies? Y/N</p>
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<p><b>If so, what services can you assist with?</b></p>	<p><b>Notes</b></p>
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