

## Client Intake/Demographic Information

Last Name:	First Name:	Middle Name:
Birth Date:		Client Age:
Gender:	Marital Status:	
Female	Married	
Male	Single	
Hispanic Origin (Hispanic, Latino, or Spanish origin): No Yes - Mexican, Mexican American, Chicano Yes - Puerto Rican, Yes - Cuban Yes - Another Hispanic, Latino, or Spanish Origin (Specify Origin), Data Not Collected		Race: White, Black, African American, or Negro, American Indian or Alaska Native (Specify Tribe) Asian American, Chinese, Filipino, Other Asian (Specify Race), Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander (Specify Race), Some other Race (Specify), Data Not Collected
Primary Language:		
Self-Reported Special/At-Risk Populations:    ___ Children ___ Elderly ___ Individual Disabilities in the Household If yes, how many _____ ___ Domestic Violence Survivors ___ Individuals with Limited English Proficiency		

### Enrollment Case

Name:
Enrollment Date:
Program:
Case Manager:
Comments:

### Document Check

Document Checklist:	Eligibility Documents _____
	SBA/FEMA Sequence of Delivery _____

## Client Intake

Assessment Date:

Pre-Disaster Housing Status:      \_\_\_ Rent                      \_\_\_ Own                      \_\_\_ Unknown

Number of individuals in Household:

FEMA Tier:

\_\_\_ Tier 1    \_\_\_ Tier 3  
 \_\_\_ Tier 2    \_\_\_ Tier 4

### Identified Unmet Needs

Description	Date Verified	Severity	Notes
___ Employment		___ Emergent ___ Urgent ___ Non-Urgent ___ No Issue	
___ Financial		___ Emergent ___ Urgent ___ Non-Urgent ___ No Issue	
___ Food		___ Emergent ___ Urgent ___ Non-Urgent ___ No Issue	
___ Housing		___ Emergent ___ Urgent ___ Non-Urgent ___ No Issue	
___ Medical		___ Emergent ___ Urgent ___ Non-Urgent ___ No Issue	
___ Transportation		___ Emergent ___ Urgent ___ Non-Urgent ___ No Issue	

Does client have a FEMA registration number?      \_\_\_Yes      \_\_\_No      \_\_\_Don't Know      \_\_\_#

If yes, the client has applied for FEMA assistance, manage the progress of various loan related activities.

Activity	Progress	Entry Date	Start Date	Completion Date
Client has not received or does not know	___ Complete ___ Incomplete ___ In Progress			
Client has received envelope but threw away	___ Complete ___ Incomplete ___ In Progress			
Client has submitted SBA application	___ Complete ___ Incomplete ___ In Progress			
Client has been approved for SBA loan	___ Complete ___ Incomplete ___ In Progress			
Client has submitted claim for FEMA Individual Assistance	___ Complete ___ Incomplete ___ In Progress			
Client has received Non-Comp Notice from FEMA IA	___ Complete ___ Incomplete ___ In Progress			
Client has received FEMA IA Benefit	___ Complete ___ Incomplete ___ In Progress			
Client has receive MAX Grant from FEMA	___ Complete ___ Incomplete ___ In Progress			
Client has applied for FEMA Other Needs Assistance	___ Complete ___ Incomplete ___ In Progress			
Client has received ONA	___ Complete ___ Incomplete ___ In Progress			
Client was denied for ONA	___ Complete ___ Incomplete ___ In Progress			

Create Service Referrals for the client

Default Enrollment Date:

Service	Enrollment
<input type="checkbox"/> Assist with appeal for SBA denial	
<input type="checkbox"/> Assist with completion of FEMA IA Application	
<input type="checkbox"/> Assist with completion of FEMA ONA Application	
<input type="checkbox"/> Assist with completion of SBA Loan Applications	
<input type="checkbox"/> Assist with FEMA IA denial	
<input type="checkbox"/> Assist with FEMA ONA denial	
<input type="checkbox"/> Assist with FEMA/SBA Sequence of Delivery	
<input type="checkbox"/> Obtain signed FEMA Disclosure release from client	
<input type="checkbox"/> Provide education regarding FEMA/SBA Sequence of Delivery	
<input type="checkbox"/> Submit inquiry to FEMA IA Branch re: client's IA	
<input type="checkbox"/> Submit inquiry to FEMA IA Branch: client's ONA	

All needs identified in this assessment are self-reported by the client

