

Furniture and Appliances Assessment

Assessment Date: _____

Did client have furniture or home appliances destroyed in the disaster?

Yes Don't know
 No Refused

Did client have a claim for the furniture and appliance with your insurance?

Yes Don't know
 No Refused

Did client get replacement items from any nonprofit organizations?

Yes Don't know
 No Refused

Was client able to install replacement furniture and appliances in the home?

Yes Don't know
 No Refused

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 install of new or removal of old	_____					
<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	Referral to faith-based/ community organization for replacement	_____					