

Family Financial Evaluation

Evaluation Date: _____

Date _____	Type _____		Monthly Income	Annual Income
		Total:	\$ _____	\$ _____

Family Size: _____

Percentage of Federal Poverty Level: _____

Employment Assessments

Pre-Disaster Employment Assessment

Assessment Date: _____

Employed: Yes No Don't Know Refused

If yes, hours worked last week? _____

Looking for Work: Yes No Don't Know Refused

Post-Disaster Employment Assessment

Did you lose your job because of the disaster?

Assessment Date: _____

Employed: Yes No Don't Know Refused

If yes, hours worked last week? _____

Looking for Work: Yes No Don't Know Refused