

Post-Disaster Financial Assessment

Assessment Date: _____

Did you lose your employment because of the disaster? Yes No Refused

Income Received:

Yes Don't know
 No Refused

Non-cash Benefits:

Yes Don't know
 No Refused

Income Group:

Cash Income (e.g. employment, other income) Non-cash benefits (E.g. SNAP, Medicaid)

Type	Description	Monthly Amount
<input type="checkbox"/> Earned Income (i.e., employment insurance)		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Social Security Disability Income (SSDI)		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)		
<input type="checkbox"/> Veteran's Disability Payment		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance		
<input type="checkbox"/> MEDICAID		
<input type="checkbox"/> Other Income		
<input type="checkbox"/> State Children's Health Insurance Program		
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)		
<input type="checkbox"/> Veteran's Administration Medical Services		
<input type="checkbox"/> TANF Child Care Services		
<input type="checkbox"/> TANF Transportation Services		
<input type="checkbox"/> Other TANF-funded Services		
<input type="checkbox"/> Section 8, Public Housing, or Other Ongoing Rental Assistance		
<input type="checkbox"/> Other Source		
<input type="checkbox"/> Temporary rental assistance		