

Disaster Survivor Intake

Demographic Information		Current Facility:	
First Name:	Middle Name:	Last Name:	Suffix:
Alias:		Disaster Survivor Age:	
Gender (circle one): Male Female Undetermined Declined		Marital Status (circle one): Married Single	
<u>Ethnicity (circle one):</u> Hispanic or Latino Not Hispanic or Latino Undetermined Declined		<u>Race (circle one):</u> American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific White Islander Undetermined Other	
English Speaker (circle one): Yes No Undetermined Declined			
<u>Preferred Language (circle one):</u>			
English	Spanish	Chinese	French
Tagalog	Vietnamese	Italian	Korean
American Sign	Other	Undetermined	Declined
Contact Information			
Address:			Apt/Suite:
Address Type (circle one):			
Apartment or house that you own	Room, Apartment, or house that you rent	Staying or living in a family member's room, apartment, or house	
Community Shelter	Community Transitional Housing		
Public Housing	Nursing or Assisting Living Facility	Hospital	
Retirement Community	Hotel or motel	Place not meant for habitation	
Other	Undetermined	Declined	
Head of Household (circle one): Yes No Undetermined Declined			Number of <u>other</u> individuals in household:
Email Address:			
Best Phone Number:		Other Phone Number:	
Verification Documentation:			
Self-Reported Special/At-Risk Populations			
Self-Reported Special/At-Risk Populations (circle <u>as many as apply</u>):			
Children	Elderly	Individual with Disabilities in the household	
Domestic Violence Survivors	Individuals with Limited English Proficiency	Shelter	
Self-Identified Unmet Needs (circle <u>as many as apply</u>):			
Behavioral Health Access	Clothing	Employment	FEMA Help
Finances	Furniture and/or appliances	Health Insurance or Health	Housing
Legal	Transportation	Access	
FEMA Tier (circle one):			
Tier 1 – Immediate Needs Met		Tier 2 – Some Remaining Unmet Needs or in Current Rebuild/Repair	
Tier 3 – Significant Unmet Needs		Status	

OMB Control No: 0970-0461 Expiration date: XX/XX/XXXX
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FEMA Registration Number:	Disaster Survivor Status (circle one): Active Information Only
Assigned IDCM Worker:	

Alternative Addresses and Family Members (Face Sheet) (Page 1 of 2)

Disaster Survivor Name:	Consent Form (circle one): Consent Form Received Consent Form <u>Not</u> Received
Alternative Address:	Apt/Suite:
Address Type (circle one):	
Apartment or house that you own Staying or living in a family member's room, apartment, or house Community Transitional Housing Nursing or Assisting Living Facility Retirement Community Place not meant for habitation Undetermined	Room, Apartment, or house that you rent Community Shelter Public Housing Hospital Hotel or motel Other Declined
Begin Date:	End Date:
Primary Phone:	

Family Member/ Household Member Details:				
Household Member 1	First Name:	Middle Name:	Last Name:	
Age:	Gender (circle one):	Male	Female	Undetermined Declined
Relationship to Head of Household (circle one):				
Aunt	Brother	Caregiver/Nurse	Daughter	Domestic Partner
Father	Foster Parent	Foster Son	Foster Daughter	Grandchild
Grandfather	Grandmother	Great Grandchild	Great Grandfather	Great Grandmother
Guardian	Husband	Mother	Nephew	Niece
Other Adult	Other Child Under 18	Other Relative	Self	Sister
Son	Step Brother	Step Daughter	Step Father	Step Mother
Step Sister	Step Son	Uncle	Wife	
Ethnicity (circle one):		Race (circle one):		
Hispanic or Latino		American Indian or Alaska Native	Asian	
Not Hispanic or Latino		Black or African American	Native Hawaiian or Other Pacific Islander	
Undetermined		White	Other	
Declined		Undetermined	Declined	
Alternate Contact (circle one): Yes No		Best Phone Number:	Other Phone Number:	

Family Member/ Household Member Details:
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Household Member 2	First Name:	Middle Name:	Last Name:
Age:	Gender (circle one): Male Female Undetermined Declined		
Relationship to Head of Household (circle one):			

Alternative Addresses and Family Members (Face Sheet) (Page 2 of 2)

Aunt	Brother	Caregiver/Nurse	Daughter	Domestic Partner
Father	Foster Parent	Foster Son	Foster Daughter	Grandchild
Grandfather	Grandmother	Great Grandchild	Great Grandfather	Great Grandmother
Guardian	Husband	Mother	Nephew	Niece
Other Adult	Other Child Under 18	Other Relative	Self	Sister
Son	Step Brother	Step Daughter	Step Father	Step Mother
Step Sister	Step Son	Uncle	Wife	
Ethnicity (circle one):		Race (circle one):		
Hispanic or Latino		American Indian or Alaska Native	Asian	
Not Hispanic or Latino		Black or African American	Native Hawaiian or Other Pacific Islander	
Undetermined		White	Other	
Declined		Undetermined	Declined	
Alternate Contact (circle one): Yes No		Best Phone Number:		Other Phone Number:

Family Member/ Household Member Details:				
Household Member 3	First Name:	Middle Name:	Last Name:	
Age:	Gender (circle one): Male Female Undetermined Declined			
Relationship to Head of Household (circle one):				
Aunt	Brother	Caregiver/Nurse	Daughter	Domestic Partner
Father	Foster Parent	Foster Son	Foster Daughter	Grandchild
Grandfather	Grandmother	Great Grandchild	Great Grandfather	Great Grandmother
Guardian	Husband	Mother	Nephew	Niece
Other Adult	Other Child Under 18	Other Relative	Self	Sister
Son	Step Brother	Step Daughter	Step Father	Step Mother
Step Sister	Step Son	Uncle	Wife	
Ethnicity (circle one):		Race (circle one):		
Hispanic or Latino		American Indian or Alaska Native	Asian	
Not Hispanic or Latino		Black or African American	Native Hawaiian or Other Pacific Islander	
Undetermined		White	Other	
Declined		Undetermined	Declined	
Alternate Contact (circle one): Yes No		Best Phone Number:		Other Phone Number:

Alternative Addresses Supplement

Disaster Survivor Name:		Consent Form (circle one):		Consent Form Received	Consent Form <u>Not</u> Received
Alternative Address 1:					Apt/Suite:
Address Type (circle one):					
Apartment or house that you own		Room, Apartment, or house that you rent			
Staying or living in a family member's room, apartment, or house		Community Shelter			
Community Transitional Housing		Public Housing			
Nursing or Assisting Living Facility		Hospital			
Retirement Community		Hotel or motel			
Place not meant for habitation		Other			
Undetermined		Declined			
Begin Date:		End Date:		Primary Phone:	
Alternative Address 2:					Apt/Suite:
Address Type (circle one):					
Apartment or house that you own		Room, Apartment, or house that you rent			
Staying or living in a family member's room, apartment, or house		Community Shelter			
Community Transitional Housing		Public Housing			
Nursing or Assisting Living Facility		Hospital			
Retirement Community		Hotel or motel			
Place not meant for habitation		Other			
Undetermined		Declined			
Begin Date:		End Date:		Primary Phone:	
Alternative Address 3:					Apt/Suite:
Address Type (circle one):					

Apartment or house that you own	Room, Apartment, or house that you rent	
Staying or living in a family member's room, apartment, or house	Community Shelter	
Community Transitional Housing	Public Housing	
Nursing or Assisting Living Facility	Hospital	
Retirement Community	Hotel or motel	
Place not meant for habitation	Other	
Undetermined	Declined	
Begin Date:	End Date:	Primary Phone:

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Household Members Supplement

Family Member/ Household Member Details:				
Household Member	First Name:	Middle Name:	Last Name:	
Age:	Gender (circle one): Male Female Undetermined Declined			
Relationship to Head of Household (circle one):				
Aunt	Brother	Caregiver/Nurse	Daughter	Domestic Partner
Father	Foster Parent	Foster Son	Foster Daughter	Grandchild
Grandfather	Grandmother	Great Grandchild	Great Grandfather	Great Grandmother
Guardian	Husband	Mother	Nephew	Niece
Other Adult	Other Child Under 18	Other Relative	Self	Sister
Son	Step Brother	Step Daughter	Step Father	Step Mother
Step Sister	Step Son	Uncle	Wife	
Ethnicity (circle one):		Race (circle one):		
Hispanic or Latino		American Indian or Alaska Native	Asian	
Not Hispanic or Latino		Black or African American	Native Hawaiian or Other Pacific Islander	
Undetermined		White	Other	
Declined		Undetermined	Declined	
Alternate Contact (circle one): Yes No		Best Phone Number:		Other Phone Number:

Family Member/ Household Member Details:				
Household Member 2	First Name:	Middle Name:	Last Name:	
Age:	Gender (circle one): Male Female Undetermined Declined			
Relationship to Head of Household (circle one):				
Aunt	Brother	Caregiver/Nurse	Daughter	Domestic Partner
Father	Foster Parent	Foster Son	Foster Daughter	Grandchild
Grandfather	Grandmother	Great Grandchild	Great Grandfather	Great Grandmother
Guardian	Husband	Mother	Nephew	Niece
Other Adult	Other Child Under 18	Other Relative	Self	Sister
Son	Step Brother	Step Daughter	Step Father	Step Mother
Step Sister	Step Son	Uncle	Wife	
Ethnicity (circle one):		Race (circle one):		
Hispanic or Latino		American Indian or Alaska Native	Asian	
Not Hispanic or Latino		Black or African American	Native Hawaiian or Other Pacific Islander	
Undetermined		White	Other	
Declined		Undetermined	Declined	
Alternate Contact (circle one): Yes No		Best Phone Number:		Other Phone Number:

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Behavioral Health Advocacy Assessment

Assessment Date:	
Is Disaster Survivor or anyone in the household in distress? (circle one): Yes No Undetermined Declined	
Would Disaster Survivor or anyone in the household like to speak to someone about coping with disaster-related stress? (circle one): Yes No Undetermined	
Referral Needed? (circle one): Yes No Undetermined Declined	
Referral Services (circle as many as apply):	
Behavioral Health- Other	Community clinical provider
Crisis Counseling Program	Disaster Distress Helpline
	Counseling Services Private Counsel Directory
Notes:	

Children and Youth Assessment

Assessment Date:				
Is the Disaster Survivor caring for a foster child or foster children? (circle one):	Yes	No	Undetermined	Declined
Prior to the disaster, was the Disaster Survivor's child in a Head Start Program? (circle one):	Yes	No	Undetermined	Declined
Prior to the disaster, was the Disaster Survivor's child in childcare? (circle one):	Yes	No	Undetermined	Declined
If yes, were the services disrupted as a result of the disaster? (circle one):	Yes	No	Undetermined	Declined
Does the Disaster Survivor currently have a need for child care? (circle one):	Yes	No	Undetermined	Declined
If child care is needed but child is not getting it, what are the barriers? (circle <u>as many as apply</u>):				
Childcare provider closed due to disaster	Disaster Survivor now unable to afford childcare due to unemployment losses			
Disaster Survivor relocated to new area	Disaster Survivor unable to access site due to transportation			
Disaster Survivor unable to find childcare for child with disability	Disaster Survivor unable to find childcare for infant			
Community barriers because of disaster	Family care provider can no longer provide care post disaster			
Increased childcare costs	Other			
Prior to the disaster, did Disaster Survivor get voucher assistance for child care? (circle one):	Yes	No	Undetermined	Declined
Was Disaster Survivor receiving child support payments before the disaster? (circle one):	Yes	No	Undetermined	Declined
Are the Disaster Survivor's children currently in school? (circle one):	Yes	No	Undetermined	Declined
If Disaster Survivor's children currently in school, are they in the same school district post-disaster? (circle one):	Yes	No	Undetermined	Declined
Has your child missed any scheduled checkups or immunizations since the disaster? (circle one):	Yes	No	Undetermined	Declined
Does Disaster Survivor have any concerns about how his/her child is coping post-disaster? (circle one):	Yes	No	Undetermined	Declined
If yes, please explain in detail. (write here):				
Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):				
Case Manager Advocacy	Child – Other			
Childcare	Head Start/ Early Head Start			
Referral to Child Care and referral Agency	Referral to Disaster Distress Helpline			
Referral to Social Services for TANF/ CCDF application	Referral to VOA/ community group for school supplies			
School District	Social Services or Family Court for child support payment			

Notes:

FEMA/SBA Assessment

Assessment Date:					
Does Disaster Survivor have a FEMA registration number? (circle one):					
Disaster Survivor has not received	Disaster Survivor received envelope but threw away	Does not know	Yes	No	
SBA Application:					
Disaster Survivor has submitted SBA application (circle one):	Yes	No	Undetermined	Declined	If yes, SBA Application Submitted Date:
Disaster Survivor has been approved for SBA loan (circle one):	Yes	No	Undetermined	Declined	If yes, Date Approved:
Disaster Survivor has submitted claim for FEMA Individual Assistance (circle one):	Yes	No	Undetermined	Declined	If yes, Submitted Claim Date:
Disaster Survivor has received Non-Comp Notice from FEMA IA (circle one):	Yes	No	Undetermined	Declined	If yes, Non-Comp Notice Received Date:
Disaster Survivor has received FEMA IA Benefit (circle one):	Yes	No	Undetermined	Declined	If yes, IA Benefit Received Date:
Disaster Survivor has received MAX Grant from FEMA (circle one):	Yes	No	Undetermined	Declined	If yes, MAX Grant Received Date:
Disaster Survivor has applied for FEMA Other Needs Assistance (circle one):	Yes	No	Undetermined	Declined	If yes, ONA Application Date:
Disaster Survivor has received ONA (circle one):	Yes	No	Undetermined	Declined	If yes, ONA Received Date:
Disaster Survivor was denied for ONA (circle one):	Yes	No	Undetermined	Declined	If yes, ONA Denied Date:
Referral Needed? (circle one):	Yes	No	Undetermined	Declined	
Referral Services (circle <u>as many as apply</u>):					
Assist with appeal for SBA denial			Assist with completion of FEMA IA Application		
Assist with completion of FEMA ONA Application			Assist with completion of SBA Loan Applications		
Assist with FEMA IA denial			Assist with FEMA ONA denial		
Assist with FEMA/SBA Sequence of Delivery			Case Manager Assistance		
FEMA - Other			Obtain signed FEMA Disclosure release from Disaster Survivor		
Provide education regarding FEMA/SBA Sequence of Delivery			Submit inquiry to FEMA IA Branch re: Disaster Survivor's IA		
Submit inquiry to FEMA IA Branch re: Disaster Survivor's ONA					

Notes:

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Clothing Assessment

Assessment Date:				
Did any of the household members lose clothing as a result of the disaster? (circle one):	Yes	No	Undetermined	Declined
If yes, did Disaster Survivor claim for the clothes with the insurance company? (circle one):	Yes	No	Undetermined	Declined
Does Disaster Survivor/family have useable clothing and shoes for work or school? (circle one):	Yes	No	Undetermined	Declined
Does Disaster Survivor/family have cold-weather clothing (e.g. coats, hats, gloves)? (circle one):	Yes	No	Undetermined	Declined
Does the Disaster Survivor currently have a need for child care? (circle one):	Yes	No	Undetermined	Declined
Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):				
Assistance with FEMA ONA				
Clothing - Other				
Laundry Assistance				
Voucher				
		Assistance with insurance claim/ appeal		
		Clothing and Other Personal Items		
		Referral to faith-based/ community organization for clothing		
Notes:				

Employment Assessment

Pre-Disaster Employment Assessment					
Assessment Date:					
Employed? (circle one):	Yes	No	Undetermined	Declined	
If yes, hours worked last week (write here):					
If yes, Employment Tenure (circle one):	Don't Know	Permanent	Refused	Seasonal	Temporary
Looking for additional employment/increased hours? (circle one):	Yes	No	Undetermined	Declined	
Post-Disaster Employment Assessment					
Assessment Date:					
Did you lose your job because of the disaster? (circle one):	Yes	No	Undetermined	Declined	
Employed? (circle one):	Yes	No	Undetermined	Declined	
If yes, hours worked last week (write here):					
If yes, Employment Tenure (circle one):	Yes	No	Undetermined	Declined	
Looking for additional employment/increased hours? (circle one):	Yes	No	Undetermined	Declined	
Has Disaster Survivor applied for Disaster Unemployment Assistance? (circle one):	Yes	No	Undetermined	Declined	
If yes, was Disaster Unemployment Assistance approved? (circle one):	Yes	No	Undetermined	Declined	
If yes, was Disaster Unemployment Assistance denied? (circle one):	Yes	No	Undetermined	Declined	
Referral Needed? (circle one):	Yes	No	Undetermined	Declined	
Referral Services (circle <u>as many as apply</u>):					
Education		Employment – Other			
Employment Placement Service		Job Hunting Resources			
Notes:					

Financial Assessment

Family Financial Evaluation			
Evaluation Date:	Monthly Income Total:	Annual Income Total:	Family Size:
Pre-Disaster Financial Assessment			
Assessment Date (Pre):	Income Received? (circle one):	Yes No Undetermined Declined	
Income Group (circle one):		Cash Income Non-cash Benefits	
If Income or Non-cash Benefits received, enter income (dollar amounts)			
Earned income (i.e. employment income):	Unemployment Insurance:		
Supplemental Security Income (SSI):	Social Security Disability Income (SSDI):		
Veterans Disability Payment:			
Expenses			
Rent:	Mortgage:		
Maintenance:	Car Payment:		
Car Insurance:	Gasoline:		
Medical:	Food:		
Miscellaneous:	Number of Expenses (enter count of expenses):		
Total monthly amount:			
Post-Disaster Financial Assessment			
Assessment Date (Post):	Did you lose your employment because of the disaster? (circle one):	Yes No Undetermined Declined	
Income Received? (circle one):	Yes No Undetermined Declined	Income Group (circle one):	Cash Income Non-cash Benefits
If Income or Non-cash Benefits received, enter income (dollar amounts)			
Earned income (i.e. employment income):	Unemployment Insurance:		
Supplemental Security Income (SSI):	Social Security Disability Income (SSDI):		
Veterans Disability Payment:			
Expenses			
Rent:	Mortgage:		
Maintenance:	Car Payment:		
Car Insurance:	Gasoline:		
Medical:	Food:		
Miscellaneous:	Number of Expenses (enter count of expenses):		
Total monthly amount:			
Disaster Unemployment Assistance received? (circle one):	Yes No Undetermined Declined		
If yes, amount (write here):	If yes, duration (start and end dates):		

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Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):	Disaster Unemployment Assistance		Financial – Other	Grant Assistance
Notes:				

Food Assessment

Assessment Date:				
Does Disaster Survivor have enough food to feed all members of the household?	Yes	No	Undetermined	Declined
Pre-Disaster, was Disaster Survivor or any household member receiving food assistance? (circle <u>as many as apply</u>):				
Assistance from local food pantries/food banks	Meals on Wheels			
Other	Supplemental Nutrition Assistance Program (SNAP)			
Women Infants & Children (WIC) Benefits				
Other Food Assistance (write here):				
Since the disaster, has the Disaster Survivor requested help with food from anyone? (circle one):	Yes	No	Undetermined	Declined
Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):	Assistance with D-SNAP application		Food – Other	
	Food Bank/Pantry		Food Delivery Services	
	Referral to community organizations for food needs		Referral to mass care assistance for immediate food needs	
	Referral to Senior Meals on Wheels Services		Social Services for WIC/ SNAP/ D-SNAP	

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Furniture and Appliances Assessment

Assessment Date:				
Did Disaster Survivor have furniture or home appliances destroyed in the disaster? (circle one):	Yes	No	Undetermined	Declined
If yes, did Disaster Survivor place a claim for the furniture and appliance with their insurance?	Yes	No	Undetermined	Declined
If yes, did Disaster Survivor get replacement items from any nonprofit organizations? (circle	Yes	No	Undetermined	Declined
If yes, was Disaster Survivor able to install replacement furniture and appliances in the home?	Yes	No	Undetermined	Declined
Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):				
Appliances	Assistance with FEMA ONA			
Assistance with install of new or removal of old appliances	Assistance with insurance claim/ appeal			
Furniture and Appliances - Other	Referral to faith based/ community organization for replacement			
Notes:				

Health Insurance and Access to Health Care Assessment

Assessment Date:				
Do you have health insurance? (circle one):	Yes	No	Undetermined	Declined
If yes, Insurance Type? (circle one):				
ACA			Medicaid	
Medicare			Military Insurance	
Other Public			Private	
S-Chip			State Children's Health Insurance Program S-Chip	
Was this insurance lost as a result of the disaster? (circle one):	Yes	No	Undetermined	Declined
Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):				
Cal 911			Clinic Referral	
Durable medical equipment (e.g. wheelchair, cane)			Emergency Medical, Health Insurance Related	
Health – Other			Medical care	
Medical Equipment			Medication	
Notes:				

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Housing Assessment (page 1 of 2)

Assessment Date:				
Where did the Disaster Survivor live pre-disaster? (circle one):				
Apartment or house that you own			Room, Apartment, or house that you rent	
Staying or living in a family member's room, apartment, or house			Community Shelter	
Community Transitional Housing			Public Housing	
Nursing or Assisting Living Facility			Hospital	
Retirement Community			Hotel or motel	
Place not meant for habitation			Other	
Undetermined			Declined	
In the disaster, was Disaster Survivor home damaged or affected? (circle one):	Yes	No	Undetermined	Declined
Is the Disaster Survivor able to access the home? (circle one):	Yes	No	Undetermined	Declined
Does Disaster Survivor consider home livable or inhabitable? (circle one):	Yes	No	Undetermined	Declined
Referral Needed? (circle one):	Yes	No	Undetermined	Declined
Disaster Survivor Damage Rating (circle one):				
Affected	Destroyed		Inaccessible	
Major	Minor		No Damage	
Other	Undetermined		Declined	
Was Disaster Survivor relocated/evacuated? (circle one):	Yes	No	Undetermined	Declined
If yes, what are Disaster Survivor's plans to return home? (write here):				
Do all of Disaster Survivor's utilities work? (circle one):	Yes	No	Undetermined	Declined
If no, which utilities are not working? (circle <u>as many as apply</u>):				
Electrical power	Fuel oil		Gas	
Internet access	Phone		Propane	
Sewer and sanitation	Steam heat		Water	
Details of Disaster Impacts to Home (write here):				
Pre-disaster housing insurance status (circle one):				
Disaster Survivor does not know insurance status			Disaster Survivor had hazard-specific insurance for disaster type (flood, fire, earthquake)	
Disaster Survivor owned home and had homeowner's insurance				
Disaster Survivor was insured but does not have insurance policy information			Disaster Survivor rented home and had renter's insurance	
			Disaster Survivor was uninsured	

Details of insurance information (write here):

Housing Assessment (page 2 of 2)

Referral Needed? (circle one): Yes No Undetermined Declined

Referral Services (circle as many as apply):

Assistance Housing Reservation (ARC)	Debris Removal, Housing Repairs
Emergency Housing Mass Care Shelter	FEMA – Transitional Shelter Assistance (TSA)
Housing – Other	Muck and Gut, Well Repair
Other Emergency Housing	Storage
Tarp/ Blue Roof	Temporary Housing, Basic Needs Water, Power Heat
Utility, Housing	Shelter

Notes:

Transportation Assessment

Assessment Date:				
What was the Disaster Survivor's primary mode of transportation prior to the disaster? (circle one):				
Bike	Carshare			
Other	Paratransit			
Privately owned vehicle or motorcycle	Public Transit			
Ride with friends/family	Walk			
If privately owned vehicle/motorcycle, is this method of transportation still working post-disaster? (circle one):				
	Yes	No	Undetermined	Declined
Referral Needed? (circle one):				
	Yes	No	Undetermined	Declined
Referral Services (circle <u>as many as apply</u>):				
Bus Pass	Bus Tokens			
Gas	Transportation			
Transportation – Other				
Notes:				

Senior Services Assessment

Assessment Date:				
Prior to the disaster, was anyone in the household living in senior housing, assisted living, or in a nursing home? (circle one):	Yes	No	Undetermined	Declined
If yes, was the Disaster Survivor displaced following the disaster? (circle one):	Yes	No	Undetermined	Declined
If yes, please explain the circumstances (write here):				
Referral Needed? (circle one):				
Yes No Undetermined Declined				
Referral Services (circle <u>as many as apply</u>):				
Assistance with accessing VA benefits	Assistance with LIHEAP application			
Home delivered meals (e.g., Meals on Wheels)	Referral to Adult Day Health Care Center			
Referral to area agency on aging	Referral to senior center			
Notes:				

Legal Services Assessment

Assessment Date:	
Referral Needed? (circle one):	Yes No Undetermined Declined
Referral Services (circle <u>as many as apply</u>):	
Other Legal Service	Referral to Disaster Legal Services Program
Referral to Legal Aid	
Notes:	

Behavioral Health Referral

Referral Service (circle one):		
Behavioral Health – Other Crisis Counseling Program	Community clinical provider Disaster Distress Helpline	Counseling Services Private Counsel Directory
Target Completion Date:		
Refer to Resource (write here):		
Appointment Date:		Appointment Time:
Comments		
Comment Date:	Comment:	
Comment Date:	Comment:	
Comment Date:	Comment:	
Comment Date:	Comment:	
Referral Result		Referral Result Date:
Result (circle one):		
Information Only	No Show	
Rejected	Service Provided	
Met- service rendered	Met- uninterested/refused	
Unmet	Unmet- resources not available	

Child Referral

Referral Service (circle one):		
Case Manager Advocacy	Child – Other	Childcare
Head Start/ Early Head Start	Referral to Child Care and referral agency	Referral to Disaster Distress Helpline
Referral to Social Services for TANF/CCDF application	Referral to VOAD/community group for school supplies	School District
Social Services or Family Court for child support payments		
Target Completion Date:		
Refer to Resource (write here):		
Appointment Date:		Appointment Time:
Comments		
Comment Date:	Comment:	
Comment Date:	Comment:	
Comment Date:	Comment:	
Comment Date:	Comment:	
Referral Result		Referral Result Date:
Result (circle one):		
Information Only	No Show	
Rejected	Service Provided	
Met- service rendered	Met- uninterested/refused	
Unmet	Unmet- resources not available	

FEMA/SBA Referral

Referral Service (circle one):	
Assist with appeal for SBA denial Assist with completion of FEMA ONA Application Assist with FEMA IA denial Case Manager Assistance Obtain signed FEMA Disclosure release from Disaster Survivor Submit inquiry to FEMA IA Branch re: Disaster Survivor's IA	Assist with completion of FEMA IA Application Assist with completion of SBA Loan Applications Assist with FEMA/SBA Sequence of Delivery FEMA – Other Provide education regarding FEMA/SBA Sequence of Delivery Submit inquiry to FEMA IA Branch re: Disaster Survivor's ONA
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	
Referral Result	Referral Result Date:
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Clothing Referral

Referral Service (circle one):	
Assistance with FEMA ONA Clothing – Other Laundry Assistance Voucher	Assistance with insurance claim/ appeal Clothing and Other Personal Items Referral to faith-based/ community organization for clothing
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	Referral Result Date:
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Employment Referral

Referral Service (circle one):	
Education	Employment – Other
Employment Placement Service	Job Hunting Resources
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	Referral Result Date:
Result (circle one):	
Information Only	No Show
Rejected	Service Provided
Met- service rendered	Met- uninterested/refused
Unmet	Unmet- resources not available

OMB Control No: 0970-0461 Expiration date: XX/XX/XXXX

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Financial Referral

Referral Service (circle one):	
Disaster Unemployment Assistance Grant Assistance	Financial – Other
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	Referral Result Date:
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Food Referral

Referral Service (circle one):	
Assistance with D-SNAP application Food Bank/Pantry Referral to community organizations for food needs Referred to Senior Meals on Wheels Services	Food – Other Food Delivery Services Referral to mass care assistance for immediate food needs Social Services for WIC/ SNAP/ D-SNAP
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	Referral Result Date:
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Furniture and Appliances Referral

Referral Service (circle one):	
Appliances	Assistance with FEMA ONA
Assistance with install of new or removal of old appliances	Assistance with insurance claim/ appeal
Furniture and Appliances – Other	Referral to faith-based/ community organization for replacement
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	
Referral Result Date:	
Result (circle one):	
Information Only	No Show
Rejected	Service Provided
Met- service rendered	Met- uninterested/refused
Unmet	Unmet- resources not available

Health Referral

Referral Service (circle one):	
Call 911 Durable Medical Equipment (e.g. wheelchair, cane) Health – Other Medical Equipment	Clinic Referral Emergency Medical, Health Insurance Related Medical Care Medication
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	
Referral Result Date:	
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Housing Referral

Referral Service (circle one):	
Assistance Housing Reservation (ARC) Emergency Housing Mass Care Shelter Housing – Other Other Emergency Housing Tarp/ Blue Roof Utility, Housing	Debris Removal, Housing Repairs FEMA – Transitional Shelter Assistance (TSA) Muck and Gut, Well Repair Storage Temporary Housing, Basic Needs Water, Power Heat
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	
Referral Result Date:	
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Transportation Referral

Referral Service (circle one):	
Bus Pass Gas Transportation – Other	Bus Tokens Transportation
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	
Referral Result Date:	
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Senior Services Referral

Referral Service (circle one):	
Assistance with accessing VA benefits Home delivered meals (e.g., Meals on Wheels) Referral to area agency on aging	Assistance with LIHEAP application Referral to Adult Day Health Care Center Referral to senior center
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	Referral Result Date:
Result (circle one):	
Information Only Rejected Met- service rendered Unmet	No Show Service Provided Met- uninterested/refused Unmet- resources not available

Legal Services Referral

Referral Service (circle one):	
Other Legal Service	Referral to Disaster Legal Services Program
Referral to Legal Aid	
Target Completion Date:	
Refer to Resource (write here):	
Appointment Date:	Appointment Time:
Comments	
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Comment Date:	Comment:
Referral Result	Referral Result Date:
Result (circle one):	
Information Only	No Show
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Record Notes

Entry Date:	
Purpose (circle one): General Note FEMA Tier Change Close Record	
Entry Date:	
Purpose (circle one): General Note FEMA Tier Change Close Record	
Entry Date:	
Purpose (circle one): General Note FEMA Tier Change Close Record	
Entry Date:	
Purpose (circle one): General Note FEMA Tier Change Close Record	
Entry Date:	
Purpose (circle one): General Note FEMA Tier Change Close Record	
Entry Date:	
Purpose (circle one): General Note	

FEMA Tier Change	
Close Record	

Recovery Plan

Name	Address	Email	Phone Number	Secondary Phone	FEMA Registration #
IDCM Worker	DR- Disaster Declaration	Disaster Survivor ID	CM Phone #	Disaster Survivor Plan Creation Date	IDCM Site Address

IDCM Worker Signature

Date and Time

Disaster Survivor Signature

Date and Time

IMPORTANT: Attach copies of all Disaster Survivor referrals and any other information relevant to Recovery Plan.