

Key Informant Impact and Gap Feedback Tool - 2021 California Wildfires Disaster

Overview

This tool tracks your counties emerging needs in health and social services (HSS) recovery key areas and jumpstarts the needs assessment process. Cal-OES and federal HHS recovery coordinators will be visiting your county to conduct recovery listening sessions, and this guide will help inform our time together. Gathering this information will support efficient recovery planning, and the development of courses of action.

Who Should Complete the Tool?

Persons with specific knowledge in each area should complete this tool. If it works for you to collate responses from your agency that would be helpful, but it is not necessary. We expect that we may receive multiple guides per agency. Participants can expect to dedicate roughly 1 to 3 hours to complete this questionnaire, depending on the number of respondents in your agency. ***Please complete the Program Lead contact information for each program area. We understand this may be duplicative, but this information will help us schedule the recovery listening sessions to maximize your time.***

Priority Scale

Impact is a measure of the effect of an incident, while urgency is a function of time. Anything that has both high impact and high urgency should get the highest priority, while low impact and low urgency should result in the lowest priority.

		IMPACT		
		Low	Medium	High
		Priorities in Color		
URGENCY	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium

Please return your completed tool or direct any questions to:

Melissa Smith, Melissa.Smith@CalOES.ca.gov

CAL-OES HSS Recovery Coordinator

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 1.65 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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Please check boxes and complete the blue shaded areas.

Person Completing/Collating Tool	
County:	
Date:	
Agency:	
Name:	
Position:	
Program Area:	
Email:	
Phone:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Public Health						
Communicable Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as						<input type="checkbox"/> High

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
necessary to capture each issue. Issue 1.						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Chronic Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Immunizations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Issue 1.						<input type="checkbox"/> Low
Issue 2:						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3:						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Maternal, Child & Adolescent Health	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
WIC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> Low

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:		Given the impact and the urgency, please rate priority:
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Clinical Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
PHEP Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Public Health Laboratory	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Vital Records	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:		Given the impact and the urgency, please rate priority:
							<input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Data and Statistics	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Additional Program <i>add additional programs as necessary</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High
Issue 1.						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Environmental Health						
Food Quality	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High
Issue 1.						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Water Quality	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Air Quality	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						
Inspections and licensing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Responder Health	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						
						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Env Health Laboratory	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Additional Program <i>add additional programs as necessary</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Behavioral Health						
Crisis Intervention	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Addiction Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Domestic & Sexual Violence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Adult Mental Health	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Child Mental Health	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Additional Program <i>add additional programs as necessary</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Low
Social Services/Human Services						
Crisis Financial Aid / Food Assistance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Aging & Disability Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Intellectual & Developmental Disabilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Domestic & Sexual Violence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						<input type="checkbox"/> Low
Child Protective Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High
Issue 1.						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Child Welfare	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High
Issue 1.						<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Childcare/Preschool	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Homeless Populations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Indigenous Populations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Immigrant & Migrant Populations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Additional Program <i>add additional programs as necessary</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Health Care Services						
County Public Hospital	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
FQHC(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Healthcare Coalition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Additional Program <i>add additional programs as necessary</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
K-12 Education						
Facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Transportation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Technology, Data Systems and Equipment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.						<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Student and Staff Housing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Issue 1.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Issue 2.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Issue 3.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Staff Health and Readiness	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Issue 1.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Issue 2.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Issue 3.					<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Student Behavioral Health	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:	
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as					<input type="checkbox"/> High	

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:		Given the impact and the urgency, please rate priority:
necessary to capture each issue. Issue 1.							<input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
National School Lunch Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue. Issue 1.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.							<input type="checkbox"/> High <input type="checkbox"/> Medium

Program	Has your ability to provide services in this area been compromised due to the disaster?		Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?		Program Lead Name: Email: Phone:		Given the impact and the urgency, please rate priority:
Issue 1.							<input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Additional Program <i>add additional programs as necessary</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Lead Name: Email: Phone:		
If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 1.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 2.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Issue 3.							<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Please return your completed tool or direct any questions to:

Please contact:

Melissa Smith
CalOES HSS Recovery Coordinator



Melissa.Smith@CalOES.ca.gov