



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	High						
		Priorities in Color							
Cζ	High	Medium	High	High					
URGENC	Medium	Low	Medium	High					
UR	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



County:
Date:

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Person Completing/Collating Tool

Please check boxes and complete the blue shaded areas.

Agency.										
Name:										
Position:										
Program										
Area:										
Email:										
Phone:										
Program		provide ser area been co	ability to vices in this ompromised e disaster?	services si increased in disaster, A agency una	equest for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:		Given the impact and the urgency, please rate priority:		
Public Health										
Communical	ble Disease	YES 🗆	NO □	YES 🗆	NO □	Program Lead Name: Email: Phone:				
If YES to either q	uestion, please d	lescribe in one	e sentence how	w your agency	needs assistar	ice. Copy and paste as many	rows as	□ High		
								Dage 2 of 29		



Program	Has your ability to provide services in this area been compromised due to the disaster?		disaster AND is your		Program Lead Name: Email: Phone:	ir u	Given the impact and the urgency, please rate priority:	
necessary to capture each issue.							Medium	
Issue 1.							Low	
Issue 2.							High	
							Medium	
							Low	
Issue 3.							High	
							Medium	
						<u> </u> L	Low	
Chronic Disease	YES □	NO □	YES □	№ □	Program Lead Name: Email: Phone:			
If YES to either question, please d	escribe in one	sentence hov	v your agency	needs assistan	ce. Copy and paste as many rows as		High	
necessary to capture each issue.							Medium	
Issue 1.							Low	
Issue 2.							High	
							Medium	
							Low	
Issue 3.							High	
							Medium	
					December 1 and Name of		Low	
Immunizations	YES □	NO 🗆	YES □	NO 🗆	Program Lead Name: Email:			
iiiiiiaiii2atioii3		110 🗆		140 🗆	Phone:			
If YES to either question, please d	lescribe in one	sentence hov	v your agency	needs assistan	ce. Copy and paste as many rows as	T	High	
necessary to capture each issue.			,		,		Medium	



Program	Has your ability to provide services in this area been compromised due to the disaster?		services s increased in disaster, A agency una	equest for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:		
Issue 1.						Low		
Issue 2:						☐ High ☐ Medium ☐ Low		
Issue 3:						☐ High ☐ Medium ☐ Low		
Maternal, Child & YES Adolescent Health YES NO								
If YES to either question, please onecessary to capture each issue. Issue 1.	lescribe in one	sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	High Medium Low		
Issue 2.						☐ High ☐ Medium ☐ Low		
Issue 3.						High Medium Low		
WIC	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:			
If YES to either question, please or rows as necessary. Issue 1.	lescribe how y	our agency ne	eeds assistanc	e. Please be as	specific as possible. Copy paste as many	☐ High ☐ Medium ☐ Low		



Program	provide ser area been co	ability to vices in this ompromised e 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.						☐ High ☐ Medium ☐ Low		
Issue 3.						☐ High ☐ Medium ☐ Low		
Clinical Services	YES 🗆	№ □	YES 🗆	NO 🗆	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.								
Issue 2.						☐ High ☐ Medium ☐ Low		
Issue 3.						☐ High ☐ Medium ☐ Low		
PHEP Program	YES 🗆	№ □	YES 🗆	№ □	Program Lead Name: Email: Phone:			
necessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	v your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low		
Issue 2.						☐ 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:		
		☐ Medium ☐ Low						
Issue 3.						High Medium Low		
Public Health Laboratory	YES 🗆	NO 🗆	YES 🗆	NO 🗆	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.								
Issue 2.						☐ High ☐ Medium ☐ Low		
Issue 3.						☐ High ☐ Medium ☐ Low		
Vital Records	YES 🗆	NO 🗆	YES 🗆	№ □	Program Lead Name: Email: Phone:			
If YES to either question, please of necessary to capture each issue. Issue 1.	describe in one	e sentence ho	w your agency	needs assistan	ce. Copy and paste as many rows as	High Medium Low		
Issue 2.						☐ High ☐ 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:
						Low
Issue 3.						☐ High ☐ Medium ☐ Low
Data and Statistics	YES 🗆	№ □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please denecessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	v your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Communications	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please necessary to capture each issue. Issue 1.	describe in on	e sentence ho	ow your agenc	y needs assista	nce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium



Program	Has your ability to provide services in this area been compromised due to the disaster?		services s increased in disaster, A agency una	request for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:					
Issue 3.											
Additional Program add additional programs as necessary	YES 🗆	NO 🗆	YES 🗆	NO 🗆	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.											
Issue 2.											
Issue 3.						☐ High ☐ Medium ☐ Low					
			Environn	nental Heal	th						
Food Quality	YES 🗆	NO 🗆	YES 🗆	NO 🗆	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.											
Issue 2.						☐ 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:	in	Given the impact and the urgency, please rate priority:			
Issue 3.							Low High Medium Low			
Water Quality	YES 🗆	№ □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:					
If YES to either question, please onecessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as		High Medium Low			
Issue 2							High Medium Low			
Issue 3.							High Medium Low			
Air Quality	YES 🗆	NO □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:					
If YES to either question, please onecessary to capture each issue. Issue 1.	lescribe in one	sentence how	w your agency	needs assistan	ce. Copy and paste as many rows as		High Medium Low			
Issue 2.							High 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:
						Low
Issue 3.						High Medium Low
Inspections and licensing	YES 🗆	NO 🗆	YES 🗆	№ □	Program Lead Name: Email: Phone:	
If YES to either question, please necessary to capture each issue. Issue 1. Issue 2.	describe in or	ne sentence ho	ow your agenc	y needs assista	nce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low ☐ High
						☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Responder Health	YES □	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	describe in one	e sentence how	w your agency	needs assistan	ce. Copy and paste as many rows as	High Medium Low
Issue 2.						☐ High ☐ Medium ☐ 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.						High Medium Low
Env Health Laboratory	YES 🗆	NO 🗆	YES 🗆	№ □	Program Lead Name: Email: Phone:	
If YES to either question, please or rows as necessary. Issue 1. Issue 2.	describe how y	our agency no	eeds assistanc	e. Please be as	specific as possible. Copy paste as many	High Medium Low High Medium Low
Issue 3.						☐ High ☐ Medium ☐ Low
Communications	YES □	NO □	YES 🗆	NO □	Program Lead Name: Email: Phone:	
If YES to either question, please or rows as necessary. Issue 1.	describe how y	our agency no	eeds assistanc	e. Please be as	specific as possible. Copy paste as many	High Medium Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High



Program	provide ser area been c	ability to vices in this ompromised e disaster?	d disaster AND is your		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:			
Additional Program add additional programs as necessary	YES 🗆	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:				
necessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as		High Medium Low High		
Issue 2.									
Issue 3.							High Medium Low		
			Behavi	oral Health					
Crisis Intervention	YES 🗆	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:				
If YES to either question, please of rows as necessary. Issue 1.	lescribe how y	our agency ne	eeds assistanc	e. Please be as	specific as possible. Copy paste as many		High Medium Low		
Issue 2.							High Medium Low		



Program	provide ser area been c	ability to vices in this ompromised e disaster?	services s increased in disaster, A agency una	request for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Issue 3.						☐ High ☐ Medium ☐ Low
Addiction Services	YES □	NO □	YES □	NO □	Program Lead Name: Email: Phone:	
If YES to either question, please necessary to capture each issue. Issue 1. Issue 2.	describe in or	ne sentence ho	ow your agend	y needs assista	nce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low ☐ High
Issue 3.						☐ Medium ☐ Low ☐ High
13340 0.						☐ Medium ☐ Low
Domestic & Sexual Violence	YES 🗆	NO □	YES 🗆	NO □	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	describe in one	e sentence ho	w your agency	needs assistar	ice. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low



Program	provide ser area been c	ability to rvices in this ompromised e disaster?	disaster AND is your		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Issue 3.						High Medium Low
Adult Mental Health	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1. Issue 2.	describe in one	e sentence ho	w your agency	needs assistan	ice. Copy and paste as many rows as	High Medium Low High Medium Low
Issue 3.						High Medium Low
Child Mental Health	YES 🗆	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:	
rows as necessary. Issue 1.	describe how	your agency n	eeds assistand	ce. Please be a	s specific as possible. Copy paste as many	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High



Program	Has your ability to provide services in this area been compromised due to the disaster?		services s increased in disaster, A agency una	equest for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						☐ Medium ☐ Low
Communications	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						High Medium Low
Issue 3.						☐ High ☐ Medium ☐ Low
Additional Program add additional programs as necessary	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	High Medium Low
Issue 2.						High Medium Low
Issue 3.						☐ High ☐ Medium



Program	Has your ability to provide services in this area been compromised due to the disaster?		disaster AND is your		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						Low
		Soc	ial Service	s/Human S	ervices	
Crisis Financial Aid / Food Assistance	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	lescribe in one	sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Aging & Disability Services	YES 🗆	№ □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please onecessary to capture each issue. Issue 1.	describe in on	e sentence ho	w your agency	/ needs assistar	nce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High



Program	provide ser area been c	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:	
						☐ Medium ☐ Low
Intellectual & Developmental Disabilities	YES 🗆	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	describe in one	e sentence ho	w your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						High Medium Low
Issue 3.						☐ High ☐ Medium ☐ Low
Domestic & Sexual Violence	YES 🗆	NO 🗆	YES 🗆	№ □	Program Lead Name: Email: Phone:	
If YES to either question, please of Issue 1.	describe how y	our agency no	eeds assistanc	e.		High Medium Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium



Program	Has your ability to provide services in this area been compromised due to the disaster?		disaster, AND is your		Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
						Low
Child Protective Services	YES □	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:	
necessary to capture each issue. Issue 1.	describe in one	e sentence ho	w your agency	needs assistan	ice. Copy and paste as many rows as	High Medium Low
Issue 2.						High Medium Low
Issue 3.						☐ High ☐ Medium ☐ Low
Child Welfare	YES □	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:	
If YES to either question, please or rows as necessary. Issue 1.	describe how y	our agency ne	eeds assistanc	e. Please be as	specific as possible. Copy paste as many	High Medium Low
Issue 2.						High Medium Low
Issue 3.						High Medium Low



Program	provide ser area been co	ability to vices in this ompromised e disaster?	services si increased in disaster, A agency una	equest for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
Childcare/Preschool	YES 🗆	№ □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please of necessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	v your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Homeless Populations	YES 🗆	NO □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
Issue 1.						☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Indigenous Populations	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name:	



Program	provide ser area been co	ability to vices in this ompromised e disaster?	services s increased in disaster, A agency una	equest for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Email: Phone:	
If YES to either question, please d necessary to capture each issue. Issue 1.	lescribe in one	sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Immigrant & Migrant Populations	YES 🗆	NO □	YES 🗆	NO □	Program Lead Name: Email: Phone:	
If YES to either question, please d necessary to capture each issue. Issue 1.	lescribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
Communications	YES 🗆	NO 🗆	YES 🗆	№ □	Program Lead Name: Email:	



Program	provide ser area been c	ability to vices in this ompromised e disaster?	services s increased in disaster, a agency una	request for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	urgeno	the t and the cy, please riority:	
					Phone:			
If YES to either question, please of	lescribe in one	sentence ho	w your agency	needs assistan	ice. Copy and paste as many rows as	☐ Higl	h	
necessary to capture each issue.						☐ Med		
Issue 1.						☐ Low	v	
Issue 2.								
						☐ Low	v	
Issue 3.								
						☐ Med		
						Low	v	
Additional Program add additional programs as necessary	YES 🗆	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:			
If YES to either question, please of	lescribe in one	sentence ho	w your agency	needs assistan	ice. Copy and paste as many rows as	☐ Higl	h	
necessary to capture each issue.						☐ Med	dium	
Issue 1.						Low	v	
Issue 2.						☐ Higl	h	
						☐ Med	dium	
						Low	V	
Issue 3.						☐ Higl		
						☐ Med		
						Low	v	
			Health C	are Service	es			
County Public Hospital	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name:			



Program	provide ser area been co	ability to vices in this ompromised e disaster?	services s increased in disaster, A agency una	request for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
					Email: Phone:	
necessary to capture each issue. Issue 1.	describe in on	e sentence ho	w your agency	y needs assista	nce. Copy and paste as many rows as	High Medium Low
Issue 2.						☐ High ☐ Medium ☐ Low
Issue 3.						☐ High ☐ Medium ☐ Low
FQHC(s)	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please or rows as necessary. Issue 1.	describe how	your agency n	eeds assistand	ce. Please be a	s specific as possible. Copy paste as many	☐ High ☐ Medium ☐ Low
Issue 2.						High Medium Low
Issue 3.						☐ High ☐ Medium ☐ Low
Healthcare Coalition	YES 🗆	NO □	YES 🗆	№ □	Program Lead Name: Email:	



Program	provide ser area been co	ability to vices in this ompromised e disaster?	services s increased in disaster, A agency una	equest for ignificantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	im ur	ven the npact and the gency, please te priority:
					Phone:		
If YES to either question, please de necessary to capture each issue. Issue 1. Issue 2.	escribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as		High Medium Low High
							Medium Low
Issue 3.							High Medium Low
Communications	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:		
	escribe in one	e sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as		High
necessary to capture each issue.							Medium
Issue 1.							Low
Issue 2.							High Medium Low
Issue 3.							High Medium Low
Additional Program add additional programs as necessary	YES 🗆	№ □	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:		



Program	provide ser area been co	ability to vices in this ompromised e disaster?	services si increased in disaster, A agency una	equest for gnificantly this area post ND is your able to meet ased need?	Program Lead Name: Email: Phone:	Given the impact and the urgency, please rate priority:
If YES to either question, please d	escribe in one	sentence hov	v your agency	needs assistan	ce. Copy and paste as many rows as	☐ High
necessary to capture each issue.						☐ Medium
Issue 1.						Low
Issue 2.						☐ High
						☐ Medium
						Low
Issue 3.						□ High
						☐ Medium
						Low
			K-12 I	Education		
Facilities	YES 🗆	NO 🗆	YES 🗆	NO 🗆	Program Lead Name: Email: Phone:	
If YES to either question, please d					Email:	☐ High
If YES to either question, please d necessary to capture each issue.					Email: Phone:	☐ High ☐ Medium
If YES to either question, please d					Email: Phone:	☐ Medium ☐ Low
If YES to either question, please d necessary to capture each issue.					Email: Phone:	☐ Medium ☐ Low ☐ High
If YES to either question, please d necessary to capture each issue. Issue 1.					Email: Phone:	☐ Medium ☐ Low ☐ High ☐ Medium
If YES to either question, please d necessary to capture each issue. Issue 1.					Email: Phone:	☐ Medium ☐ Low ☐ High ☐ Medium ☐ Low
If YES to either question, please d necessary to capture each issue. Issue 1.					Email: Phone:	☐ Medium ☐ Low ☐ High ☐ Medium ☐ Low ☐ High
If YES to either question, please d necessary to capture each issue. Issue 1.					Email: Phone:	☐ Medium ☐ Low ☐ High ☐ Medium ☐ 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:	
					Phone:		
If YES to either question, please de necessary to capture each issue. Issue 1. Issue 2.	escribe in one	sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as	☐ High ☐ Medium ☐ Low ☐ High ☐ Medium ☐ Low	
Issue 3.						☐ High ☐ Medium ☐ Low	
Technology, Data Systems and Equipment	YES 🗆	№ □	YES 🗆	NO 🗆	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. Issue 2.							
Issue 3.						Low High Medium Low	
Student and Staff Housing	YES 🗆	№ □	YES 🗆	NO □	Program Lead Name: Email: Phone:		



Program	provide ser area been c	ability to vices in this ompromised e disaster?	services s increased in disaster, a agency un	request for significantly this area post AND is your able to meet ased need?	Program Lead Name: Email: Phone:	in ur	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.							Medium	
Issue 1.							Low	
Issue 2.							High	
							Medium	
							Low High	
Issue 3.								
							Medium	
		<u> </u>			Dua mana Land Nama		Low	
Staff Health and Readiness	YES □	NO 🗆	YES 🗆	NO □	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.							Medium	
Issue 1.							Low	
							High	
Issue 2.							Medium	
							Low	
							High	
Issue 3.							Medium	
			I		Durana Land Managa	4	Low	
Student Behavioral	YES □	NO □	YES □	NO 🗆	Program Lead Name: Email:			
Health		INO L			Phone:			
If YES to either question, please of	lescribe in one	sentence hov	v vour agency	needs assistan	ice. Copy and paste as many rows as	Tr	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.						T	Medium
Issue 1.							Low
Issue 2.							High Medium Low
Issue 3.							High Medium Low
National School Lunch Program	YES 🗆	NO 🗆	YES 🗆	NO □	Program Lead Name: Email: Phone:		
If YES to either question, please of necessary to capture each issue. Issue 1.	lescribe in one	sentence hov	w your agency	needs assistan	ce. Copy and paste as many rows as		High Medium Low
Issue 2.							High Medium Low
Issue 3.							High Medium Low
Communications	YES 🗆	№ □	YES 🗆	NO 🗆	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.							High 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.									
Issue 2.									
Issue 3.									
						Low			
Additional Program add additional programs as necessary	YES □	NO 🗆	YES 🗆	NO □	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.						Low			
Issue 2.						☐ High			
Issue 3.									
						☐ Medium			
						Low			

Please return your completed tool or direct any questions to:

Please contact:

Melissa Smith CalOES HSS Recovery Coordinator



Melissa.Smith@CalOES.ca.gov