## Disaster Human Services Case Management Plan

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN**: The purpose of this information collection is to enable ACF/OHSEPR to identify a disaster survivor’s unmet needs and provide case management support that can connect a disaster survivor to services that meet their needs. Public reporting burden for this collection of information is estimated to average a total of 3 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is XXXX-XXXX and the expiration date is XX/XX/20XX. If you have any comments on this collection of information, please contact the Office of Human Services Emergency Preparedness and Response, 330 C St. SW, Washington, D.C. 20201.

**Instructions**. The Disaster Human Services Case Management (DHSCM) Recovery Plan is intended to be completed by case managers staffing OHSEPR’s DHSCM mission. The assigned case manager completes the DHSCM Recovery Plan after assisting the disaster survivor with Sections I through IV of the Intake Assessment. The case manager should review the responses and information shared by the disaster survivor for accuracy. Then, the case manager analyzes the survivor’s information to develop this plan and identify resource referrals to meet the survivor’s unmet needs.

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| Disaster Survivor Information | | | | | |
| Date of Intake | | | Location | | |
| Date of Plan Creation | | |
| Disaster Survivor Last Name | | Disaster Survivor First Name | | Disaster Survivor Middle Name | |
| Home Phone | | Mobile Phone | | Email Address | |
| Pre-Disaster Address (Street, City, State, Zip Code) | | | | | |
| Current Address, if different (Street, City, State, Zip Code) | | | | | |
| DHSCM Case Manager | | | | | |
| Case Manager Last Name | Case Manager First Name | | | | Case Manager Middle Initial |
| Desk Phone | Mobile Phone | | | | Email Address |
| DHSCM Group Supervisor | | | | | |
| Group Supervisor Last Name | Group Supervisor First Name | | | | Group Supervisor Middle Initial |
| Desk Phone | Mobile Phone | | | | Email Address |
| Reported Unmet Needs  Behavioral Health  Child care  Disability  Documentation  Elder care  Employment Assistance | Financial Assistance  Food Assistance  Health Insurance  Housing – Short-term  Housing – Long-term  Language Access | | | | Medical  Medicine  Utility Assistance |