## Disaster Human Services Case Management Intake Assessment

**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 75 to 90 minutes 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.

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| Section I. Disaster Survivor Information | | | | | | | | |
| 1. Last Name | | 1. First Name | | | | | 1. Middle Name | |
| 1. Home Phone | | 1. Mobile Phone | | | | | 1. Email Address | |
| 1. Primary Address (Street, City, State, Zip Code) | | | | 1. Own Rent | | | 1. Was your home damaged by the disaster?   Yes  No | |
| 1. Current Address, if different from your answer to question 7 (Street, City, State, Zip Code) | | | | | | | | |
| 1. Were you unhoused before the disaster? Yes  No | | 1. If you were unhoused, please describe the general area where you lived before the disaster: | | | | | | |
| **Privacy Act Statement:** **I authorize the HHS Administration for Children and Families (ACF) Office of Human Services Emergency Preparedness and Response (OHSEPR) and its agents** to collect my personal identifiable information (PII) and to disclose my PII to other ACF program offices and state, tribal, and territorial human services grantees, service providers, contractors, or private organizations, to support my disaster-caused unmet needs via case management. Providing this information is voluntary, however refusal to do so will mean HHS may be unable to provide me assistance. | | | | | | | | |
| 1. Signature | | 1. Date | | | | | | |
| Section II. Demographic Information | | | | | | | | |
| 1. What is your race?   Select all that apply  American Indian / Alaska Native  Black / African American  Asian  Native Hawaiian  Pacific Islander  White  Other  Declined to answer   1. What is your ethnicity?   Hispanic or Latino  Non-Hispanic  Declined to answer | | 1. What is your preferred language?   Arabic  Chamorro  Chinese – Cantonese  Chinese – Mandarin  English  Farsi  French  German  Haitian Creole | | | Italian  Japanese  Korean  Ōlelo Hawaiʻi  Portuguese  Russian  Samoan  Spanish  Tagalog  Vietnamese  Other  Declined to answer | | | 1. What is your gender?   Male  Female  Non-binary / gender nonconforming  Other  Declined to answer   1. What is your marital status?   Never Married  Married  Separated  Divorced  Widowed  Declined to answer |
| 1. Are you a veteran? Yes No | | 1. If you answered yes to Question 19, please identify any veterans’ benefits received:   Disability compensation  Education and Training  Health care  Home loans  Pension | | | | | | |
| 1. Do you have a disability?   Yes No Declined to answer | | 1. If you have a disability, please describe: | | | | | | |
| Section III. Household Information | | | | | | | | |
| 1. How many people live in your household? | | 1. How many minors?   Number Age 0 – 5: \_\_\_  Number Age 6 – 17: \_\_\_ | | | | | | 1. How many adults?   Number Age 18 – 26: \_\_\_  Number Age 27 – 54: \_\_\_  Number Age 55 – 84: \_\_\_  Number Age 85+: \_\_\_ |
| Section IV. Needs Assessment | | | | | | | | |
| Documentation | | | | | | | | |
| 1. Did you lose personal identification because of the disaster? Yes No   Declined to answer | | Birth certificate Driver’s license Green card Military ID  Passport Social Security card  Other: | | | | | | |
| Case Manager Notes: | | | | | | | | |
| Housing Needs | | | | | | | | |
| 1. Do you have funds needed to repair your home? Yes  No | | | 1. Have you applied for federal disaster assistance to repair the damage? Yes  No 2. If yes, FEMA SBA Other: | | | | | |
| Short Term Housing Status  Answer questions 31 – 37 if you are no longer living in your home because of the disaster. | | | | | | | | |
| 1. Where are you currently living?   In a friend or family member’s room, apartment, or house  Car  Community shelter  Community transitional housing  Hotel or motel  Tent  Other:  Declined to answer | | | 1. Are all members of your household living there with you?   Yes  No  Declined to answer | | | | | |
| 1. When did you start living there? 2. How long can you continue to live there? | | | | | |
| 1. Have you ever felt unsafe or threatened in your current living situation?  Yes  No Declined to answer | | | 1. Do you need funding assistance to pay rent in your current location?  Yes  No | | | | | |
| 1. Do you need assistance to move to another location? Yes  No Declined to answer | | | | | | | | |
| Longer-Term Housing Need | | | | | | | | |
| 1. Please describe your current plan for longer-term housing: | | | | | | | | |
| Case Manager Notes: | | | | | | | | |
| Human Services Needs | | | | | | | | |
| 1. Were you enrolled in or did you receive any State, Tribe, or Territorial administered human services benefits prior to the disaster?   Select all that apply.  Child Care Subsidies Rental Assistance Workforce Development  Child Support Services Supplemental Nutrition Assistance Program Unemployment Assistance  Head Start Supplemental Security Income Other:  Home Energy Assistance Supplemental Security Disability Income Declined to answer  Medicaid  Temporary Assistance for Needy Families  Medicare Women, Infants, and Children | | | | | | | | |
| Children Needs | | | | | | | | |
| 1. Are any children in your household currently attending child care?   Yes  No | 1. If yes, are the children in your household receiving child care services from the same provider that they attended before the disaster?   Yes  No | | | | | 1. If you answered yes to questions 40 and 41, select the child care program type:   Full-day programs  Partial day programs  Before school care  After school care | | |
| 1. Are you experiencing challenges that prevent you from obtaining child care for your children?   Yes No | 1. Do you have children enrolled in K – 12 school?   Yes No | | | | | 1. If you answered yes to Question 44, are your children able to attend the school they attended before the disaster?   Yes No | | |
| 1. Are you aware of any situations where the children in your household may not be receiving the necessary attention and care that they need?   Yes  No  Declined to answer | | | | | | | | |
| Case Manager Notes: | | | | | | | | |

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| Elder Care Needs |
| 1. Are you currently receiving assistance or support to care for elders in your household?   Yes  No |
| 1. Are you experiencing challenges that prevent you from obtaining care for the elders in your household?   Yes  No  Declined to answer |
| Case Manager Notes: |
| Employment and Financial Needs |
| 1. Were you employed before the disaster?   Yes  No  Declined to answer |
| 1. Did you lose your job because of the disaster?   Yes  No  Declined to answer |
| 1. If you answered yes to Question 50, have you registered for state or federal disaster unemployment assistance programs? Yes No Declined to answer   Please identify the programs: |
| 1. If you are currently working, what type of work do you do? |
| 1. Are you being paid for this work?   Yes  No  Declined to answer |
| 1. Do you feel comfortable at your workplace?   Yes  No  Declined to answer |
| 1. Do you have any other current income sources?   Yes  No  Declined to answer |
| Food Security |
| 1. Did you lose food because of the disaster? Yes No Declined to answer |
| 1. Do you currently have access to routine meals? Yes No Declined to answer |
| 1. Do you have specific dietary needs that you are unable to meet? Yes No |
| Case Manager Notes: |
| Transportation Needs |
| 1. What was your primary mode of transportation prior to the disaster? (Select all that apply)   Bike  Carshare  Privately owned vehicle  Paratransit  Public Transit  Ride with friends/family  Walking  Declined to answer |
| 1. Are you still able to access these modes of transportation after the disaster? Yes No |
| Case Manager Notes: |
| Utility Needs |
| 1. If you are living in your pre-disaster home, do you have utility service? Yes No Declined to answer |
| 1. Are you able to pay your utility bills following the disaster? Yes No Declined to answer |
| 1. Have you applied for home energy assistance programs to assist with utility bills? Yes No Declined to answer |
| Case Manager Notes: |
| Health Needs |
| Behavioral Health |
| 1. Do you have any concerns or anxieties that you are comfortable sharing?   Yes. Please describe.  No  Declined to answer  Description: |
| 1. How are you coping with the disaster?   Description:  Declined to answer |
| 1. Do you have a support network of friends/family you can rely on to help cope with stress? Yes No |
| 1. How are the other adults in your household coping with the disaster?   Declined to answer |
| 1. Do you have any concerns about controlling behaviors by people in your household?   Yes. Please describe.  No  Declined to answer  Notes: |
| 1. Do you need a referral for behavioral health support? Select all that apply.   Behavioral health counselor  Child and adolescent psychiatry  Clinical psychologist  Clinical social worker  Disaster Distress Helpline  Family therapy  Pastoral/Faith-Based counseling  Substance abuse counseling  Other:  Declined to answer |
| Health Insurance and Access to Health Care |
| 1. Do you have health insurance for yourself? Yes No Declined to answer   If yes, select:  Affordable Care Act  Medicaid  Medicare  Military Insurance  Other Public  Private Insurance |
| 1. Do all members of your household have health insurance? Yes No Declined to answer   If yes, select:  Affordable Care Act  Children’s Health Insurance Program (CHIP)  Medicaid  Medicare  Military Insurance  Other Public  Private Insurance  State Children’s Health Insurance Program (S-CHIP) |
| 1. Do you have a primary care physician? Yes No Declined to answer |
| 1. Did you lose prescription medicines because of the disaster? Yes No Declined to answer |
| 1. Did you lose medical equipment or supplies because of the disaster? Yes No Declined to answer   If yes, describe: |
| 1. If you were receiving medical treatment before the disaster, are you still able to receive treatment?   Yes No ☐Declined to answer |
| 1. Do the members of your household have a primary care physician? Yes No ☐Declined to answer |
| 1. If members of your household were receiving medical treatment before the disaster, are they still able to receive treatment? Yes No ☐Declined to answer |
| Case Manager Notes: |