**Capability 2**

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/20xx

Community recovery (post-incident) plans address

a. Assessment of public health recovery needs

b. Assessment of recovery services provided by the public health system

c. Mental/behavioral health,

d. Environmental health

e. Human/social services

f. Review of integrated recovery coordination plans with key community partners

Process for notifying/informing the community of available public health services