

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.

Section I. Disaster Survivor Information		
1. Last Name	2. First Name	3. Middle Name
4. Home Phone	5. Mobile Phone	6. Email Address
7. Primary Address (Street, City, State, Zip Code)	8. <input type="checkbox"/> Own <input type="checkbox"/> Rent	9. Was your home damaged by the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Current Address, if different from your answer to question 7 (Street, City, State, Zip Code)		
11. Were you unhoused before the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. 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.		
13. Signature	14. Date	
Section II. Demographic Information		
15. What is your race? Select all that apply <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Declined to answer 16. What is your ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Declined to answer	17. What is your preferred language? <input type="checkbox"/> Arabic <input type="checkbox"/> Chamorro <input type="checkbox"/> Chinese - Cantonese <input type="checkbox"/> Chinese - Mandarin <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Ōlelo Hawai'i <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> Declined to answer	18. What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female 19. What is your marital status? <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to answer
20. Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	21. If you answered yes to Question 19, please identify any	

	veterans' benefits received: <input type="checkbox"/> Disability compensation <input type="checkbox"/> Education and Training <input type="checkbox"/> Health care <input type="checkbox"/> Home loans <input type="checkbox"/> Pension	
22. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	23. If you have a disability, please describe:	
Section III. Household Information		
24. How many people live in your household?	25. How many minors? Number Age 0 - 5: ____ Number Age 6 - 17: ____	26. How many adults? Number Age 18 - 26: ____ Number Age 27 - 54: ____ Number Age 55 - 84: ____ Number Age 85+: ____
Section IV. Needs Assessment		
Documentation		
27. Did you lose personal identification because of the disaster? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Declined to answer	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Driver's license <input type="checkbox"/> Green card <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Social Security card <input type="checkbox"/> Other:	
Case Manager Notes:		
Housing Needs		
28. Do you have funds needed to repair your home? Yes <input type="checkbox"/> No <input type="checkbox"/>	29. Have you applied for federal disaster assistance to repair the damage? Yes <input type="checkbox"/> No <input type="checkbox"/> 30. If yes, <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Other:	
Short Term Housing Status Answer questions 31 - 37 if you are no longer living in your home because of the disaster.		
31. Where are you currently living? <input type="checkbox"/> In a friend or family member's room, apartment, or house <input type="checkbox"/> Car <input type="checkbox"/> Community shelter <input type="checkbox"/> Community transitional housing <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Tent <input type="checkbox"/> Other: <input type="checkbox"/> Declined to answer	32. Are all members of your household living there with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	
	34. When did you start living there? 35. How long can you continue to live there?	
36. Have you ever felt unsafe or threatened in your current living situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	37. Do you need funding assistance to pay rent in your current location? <input type="checkbox"/> Yes <input type="checkbox"/> No	

38. Do you need assistance to move to another location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer		
Longer-Term Housing Need		
39. Please describe your current plan for longer-term housing:		
Case Manager Notes:		
Human Services Needs		
40. 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.		
<input type="checkbox"/> Child Care Subsidies	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Workforce Development
<input type="checkbox"/> Child Support Services	<input type="checkbox"/> Supplemental Nutrition Assistance Program	<input type="checkbox"/> Unemployment Assistance
<input type="checkbox"/> Head Start	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Other:
<input type="checkbox"/> Home Energy Assistance	<input type="checkbox"/> Supplemental Security Disability Income	<input type="checkbox"/> Declined to answer
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families	
<input type="checkbox"/> Medicare	<input type="checkbox"/> Women, Infants, and Children	
Children Needs		
41. Are any children in your household currently attending child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. If yes, are the children in your household receiving child care services from the same provider that they attended before the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	43. If you answered yes to questions 40 and 41, select the child care program type: <input type="checkbox"/> Full-day programs <input type="checkbox"/> Partial day programs <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
44. Are you experiencing challenges that prevent you from obtaining child care for your children? <input type="checkbox"/> Yes <input type="checkbox"/> No	45. Do you have children enrolled in K - 12 school? <input type="checkbox"/> Yes <input type="checkbox"/> No	46. If you answered yes to Question 44, are your children able to attend the school they attended before the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No
47. Are you aware of any situations where the children in your household may not be receiving the necessary attention and care that they need? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer		
Case Manager Notes:		
Elder Care Needs		
48. Are you currently receiving assistance or support to care for elders in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No		

49. Are you experiencing challenges that prevent you from obtaining care for the elders in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
Case Manager Notes:
Employment and Financial Needs
50. Were you employed before the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
51. Did you lose your job because of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
52. If you answered yes to Question 50, have you registered for state or federal disaster unemployment assistance programs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer Please identify the programs:
53. If you are currently working, what type of work do you do?
54. Are you being paid for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
55. Do you feel comfortable at your workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
56. Do you have any other current income sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
Food Security
57. Did you lose food because of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
58. Do you currently have access to routine meals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer
59. Do you have specific dietary needs that you are unable to meet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Manager Notes:
Transportation Needs
60. What was your primary mode of transportation prior to the disaster? (Select all that apply) <input type="checkbox"/> Bike <input type="checkbox"/> Carshare <input type="checkbox"/> Privately owned vehicle

- Paratransit
- Public Transit
- Ride with friends/family
- Walking
- Declined to answer

61. Are you still able to access these modes of transportation after the disaster? Yes No

Case Manager Notes:

Utility Needs

62. If you are living in your pre-disaster home, do you have utility service? Yes No Declined to answer

63. Are you able to pay your utility bills following the disaster? Yes No Declined to answer

64. 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

65. Do you have any concerns or anxieties that you are comfortable sharing?

- Yes. Please describe.
- No
- Declined to answer

Description:

66. How are you coping with the disaster?

Description:

Declined to answer

67. Do you have a support network of friends/family you can rely on to help cope with stress? Yes No

68. How are the other adults in your household coping with the disaster?

Declined to answer

69. Do you have any concerns about controlling behaviors by people in your household?

- Yes. Please describe.
- No
- Declined to answer

Notes:

70. 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

71. 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

72. 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)

73. Do you have a primary care physician? Yes No Declined to answer

74. Did you lose prescription medicines because of the disaster? Yes No Declined to answer

75. Did you lose medical equipment or supplies because of the disaster? Yes No Declined to answer

If yes, describe:

76. If you were receiving medical treatment before the disaster, are you still able to receive treatment?

- Yes
- No
- Declined to answer

77. Do the members of your household have a primary care physician? Yes No Declined to answer

78. 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: