**Disaster Response**

**INTAKE FORM**

Name of Applicant (print):

Today’s Date (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

FEMA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security# XXX-XX-\_\_\_\_\_\_\_\_\_\_\_ (last 4 digits only)

Proxy Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proxy Phone (\_\_\_\_\_)-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **DISASTER ADDRESS** | **Disaster Address (including Apt #, Rm #)** |  |
|  |
| **County/Parish** |  |
| **Did applicant formerly…** | **⬜ Own** | **⬜ Rent** | **⬜ Live with family/friends** | **⬜ Reside in transient shelter or is homeless** | **⬜ Other** |
| **This residence was …** | **⬜ Apartment** | **⬜ Hotel / Motel** | **⬜ Mobile Home / Trailer** | **⬜ Single Family Dwelling** | **⬜ Other** |
| **This housing was subsidized by:** | **⬜ USDA** | **⬜ FEMA** | **⬜ HUD / Section 8** | **⬜ HUD / Grant or Loan** | **⬜ HUD / Public Housing** | **⬜ None** |
| **Did applicant share housing expenses?** | **⬜ NO** | **⬜ YES** | **If YES, describe:** |
| **Number of persons residing in pre-disaster household: *Adults:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent Children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **CURRENT CONTACT INFORMATION** | **Current Address** **(including Apt #, Rm #)** | **🞏 is same as disaster address** |
|  |
| **Current Mailing** **Address, (if different)** | **🞏 is same as current address** |
|  |
| **Applicant’s Phone #** |  |
| **Alternate phone #** |  |
| **E-Mail Address** |  |
| **Does applicant currently…** | **⬜ Own**  | **⬜ Rent**  | **⬜ Live with family/friends** | **⬜ Reside in transient shelter or is homeless** | **⬜ Other**  |
| **This residence is a…** | **⬜ Apartment**  | **⬜ Hotel / Motel**  | **⬜ Mobile Home / Trailer**  | **⬜ Single Family Dwelling** | **⬜ Other**  |
| **This housing is subsidized by:** | **⬜ USDA**  | **⬜ FEMA** | **⬜ HUD / Section 8**  | **⬜ HUD / Grant or Loan** | **⬜ HUD / Public Housing** | **⬜ None** |
| **Does applicant share housing expenses?** | **⬜ NO**  | **⬜ YES**  | **If YES, describe:** |
| **Number of persons residing in current household: *Adults:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent Children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**HOUSEHOLD**

Enter information for all disaster-affected household members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name Of Each Household Member***Currently Residing In Household* | **Relationship** | **Date of Birth***(mm/dd/yyyy)* | **Gender** | **Ethnicity\*** | **FEMA # (*If different)*** |
|  | **Head of** **Household** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **\*ETHNICITY CODES Please select number which best describes applicant’s race / ethnicity as identified by applicant.** |
| **African American or Black** | **American Indian or Alaska Native** | **Asian** | **Hispanic / Latino** | **Native Hawaiianor Pacific Islander** | **Tribal Affiliation** | **White** | **Other** | **Choose not to specify** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| ***Level o f Damage*** 🞏 Minor 🞏 Major 🞏 Destroyed 🞏 Condemned 🞏 No damage 🞏 Unknown / 🞏 This is my primary residence  |
| **RISK INVENTORY**Check all that apply | Applicant currently resides in a shelter, or other temporary housing situation. |
| Household’s annual income is below the Federal Poverty Line (reference FPL table):  **Applicant’s income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| \_\_\_ # in household - Applicant or other disaster-affected household member is age 65 or over.  |
| \_\_\_ # in household - Applicant or other disaster-affected household member has a disability. |
| Applicant or other disaster-affected household member has medically related needs.  **Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Applicant or other disaster-affected household member is receiving or is in need of mental health intervention. |
| Applicant is a single head of household with dependent children.Applicant is active military. Applicant is first responder. Applicant is migrant/refugee.Applicant is uninsured or underinsured. |

**Financial Information:**

*Pre-disaster Income: Monthly Expenses:*

Gross Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Car Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical $\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Loan $\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_

Investments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Cards $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food/Clothing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-disaster Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mortgage/Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Resources Received: Date received

FEMA Minimal Repair $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_ SBA Loan Offered $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_

FEMA Furnace $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_ SBA Loan Accepted $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_

FEMA Hot Water Heater $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_ I & H $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_

FEMA Electric Panel $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_ Flood Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_

FEMA Foundation $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_ Personal Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_

FEMA Rental Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_ Personal Insurance Co \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **IMMEDIATE UNMET NEEDS** |
| ***Check all that apply*** |  | Housing (pending eviction, in arrears) |   | Food / nutrition |   | Employment |
|  | Utilities (shut-off or pending shut-off) |   | Medical health care |   | Transportation |
|  | Furniture, Appliances |   | Medication |   | Child care |
|  | Clothing |   | Mental health care |   | Application assistance / benefits restoration |
|  | Furnace |  | Hot Water Heater |  | Electric Panel |
|  | Emotional/Spiritual Care |  | Other: |
|  | Applicant requests language, sign language, or literacy assistance. **Specify language:** |
| **APPLICANT’S VERIFICATION** |
| **CATEGORIES of IMPACT** |  **I verify that I have been affected by flooding in the following way(s):**  |
|  | I suffered physical injury directly caused as the result of the disaster or developed severe mental health issues. |
|  | I was displaced from my primary residence as the result of a disaster. |
|  | I suffered substantial or complete loss or damage to my primary residence due to the disaster. |
|  | I suffered the loss of household income directly related to the disaster. |
|  | I am grieving over the death of a loved one as a result of the disaster. |
|  | I am / was an emergency response or relief worker. |
|  | I resided in a mandatory evacuation zone. |
| **CERTIFICATION***Required* |  **I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete, and that I lack the financial resources necessary to complete my recovery from Spring 2011 flooding.**  |
| **Applicant** Name (print): |
| **Applicant** Signature: |
| **Co-Applicant** Name (print): |
| **Co-Applicant** Signature: |

Name of Organization

Disaster Response

Release of Confidentiality

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes the **Name of Organization** to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. **Name of Organization** needs to share this information in order to coordinate available disaster relief services and assistance, and to reduce the paperwork and applications necessary in order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in the Coordinated Assistance Network are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of **Name of Organization** not to release information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information and to assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

# CONSENT AND RELEASE

I, , hereby authorize the **Name of Organization** to share any of my information in its possession, including but not limited to my name, address, other personal information and the type of assistance I am receiving with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network and other agencies that may be able to provide assistance for disaster-caused unmet needs in order to coordinate available disaster relief services and assistance.

*If you wish to limit this release to specific information*, please specify the information that may be released. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I may revoke this consent at anytime by contacting **Name of Organization** except when action has already been taken to obtain and/or release such information to organizations participating in the Coordinated Assistance Network. My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Signature Head of Household Date

Signature Co-Applicant Date

**CONFIDENTIALITY AGREEMENT**

Any information provided by the client(s) to the Organization’s Staff or Volunteers is to be kept in the strictest of confidence. None of the information exchanged about donor individuals, donor organizations, or client cases will be discussed outside of the official interview and decision-making process of the Organization, except as authorized above.

 \_\_\_\_\_\_\_\_

Signature of Worker Date