

# Disaster Response and Recovery Homeowner assistance and intake form

Intake # \_\_\_\_\_

## HOMEOWNER INFORMATION

Name: \_\_\_\_\_ Primary phone #: \_\_\_\_\_

Damaged Address, City, County, Zip Code: \_\_\_\_\_

Type(s) of work needed:  Muck and Gut  Mold/Water Damage  Personal Item Salvage  Tree Work  Home Repair  Other Basic or Long term Needs

Is the resident the legal property owner?  Yes  No → Legal property owner name: \_\_\_\_\_

Legal property owner phone #: \_\_\_\_\_ Legal property owner email: \_\_\_\_\_

Can work take place without the property owner present?  Yes  No Is the residence a mobile home?  Yes  No

Living in effected residence?  Yes  No → Alternate address: \_\_\_\_\_

Are damages covered by insurance?  Yes: Full  Yes: Partial  Awaiting Reply  No: Uninsured/Denied

Number of residents: \_\_\_\_\_ Ages of all residents: \_\_\_\_\_

Do any residents have special needs/disabilities? \_\_\_\_\_

Any residents in critical health or safety risk?  Yes  No -- Notes: \_\_\_\_\_

Are any residents a first responder?  Yes  No \_\_\_\_\_

Additional information: \_\_\_\_\_

## NEEDS ASSESSMENT – ACCESS AND FUNCTIONAL NEEDS

- Older Adult Services \_\_\_\_\_
- Child Services (diapers, formula) \_\_\_\_\_
- Translation or Communication Access (Sign Language, Braille, CART) \_\_\_\_\_
- Personal Assistance Services (bathing, dressing) \_\_\_\_\_
- Dietary Needs (diabetic, kosher, low salt, allergies) \_\_\_\_\_
- Consumable Medical Supplies (adult diapers, needles, gloves) \_\_\_\_\_
- Durable Medical Supplies (wheelchair, nebulizer, eyeglasses, CPAP) \_\_\_\_\_
- Service Animal Support (food, water) \_\_\_\_\_
- Acute Needs (illness, injury, urgent care) \_\_\_\_\_
- Crisis Counseling \_\_\_\_\_
- Employment \_\_\_\_\_

## RESOURCES NEEDED/REQUEST FOR RESOLUTION

Cleaning Needs	Housing Needs	Immediate/Long Term Needs	Housing/Transport
Emergency Repair	Gas/Propane/Oil	Food/Water	Temporary Housing
Trash/Debris Removal	Electricity for Medical Equipment	Clothing	Sheltering
Hazardous Material Removal	Water/Power Outage	Medicine/Medical Supplies	Shelter Animal
Cleaning Supplies	Sand Bags/Sand Removal	Spiritual and Emotional	Moving and Storage
Clean Up Volunteers	Location for Mail Pickup	Children Services	Transportation
Mold Remediation	Large Appliances/Household Goods	Financial	Rebuild/Home Repairs
	Furnace/Hot Water Heater	Rent/Utilities Assistance	

Other Unmet Needs: \_\_\_\_\_

### JOB DETAILS:

Approximate Number of personnel required: \_\_\_\_\_

Hours/days required: \_\_\_\_\_

Special skills, tools or equipment required: \_\_\_\_\_

Releases signed by:  Owner and/or  Occupant

Description of Work Required: \_\_\_\_\_

### JOB STATUS:

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Work completed per day: \_\_\_\_\_

Remaining needs: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Number of service hours: \_\_\_\_\_

Debris pile dimensions (yards): \_\_\_\_\_

Status:  Complete  Partially Complete  Incomplete

Referred to: \_\_\_\_\_

**Mold Suppression completed?**  Yes  No

**Muck and Gut completed?**  Yes  No

**MOLD AND WATER DAMAGE**

Is there water damage inside structure?  Yes  No  
 Pump needed to remove water from inside?  Yes  No  
 Is mold growing due to water damage?  Yes  No  
 Mold extent:  Small  Medium  Large  Extensive  
 How high was the water line? \_\_\_\_\_ Feet \_\_\_\_\_ Inches  
 Location of damage:  Basement  Crawlspace  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Attic  Other  
 Additional Info. \_\_\_\_\_

**FLOORING AND DRYWALL**

Is there floor damage in home?  Yes  No  
 Floors affected:  Basement  Ground floor  
 Basement and Ground floor  Other: \_\_\_\_\_  
 Flooring Type  Carpet  Hardwood  Tile  Linoleum  
 Drywall removal?  Yes  No  
 Insulation Removal?  Yes  No  
 Sheet Rock Removal?  Yes  No  
 Additional Info. \_\_\_\_\_

**DEBRIS REMOVAL**

Appliance removal?  Yes  No  
 Heavy items removal?  Yes  No  
 Debris removal?  Yes  No  
 Non-Vegetative  Vegetative  
 Debris blocking:  House  Building  Driveway  
 Personal Item Removal/Sorting?  Yes  No  
 Other: \_\_\_\_\_  
 Additional Info. \_\_\_\_\_

**ROOF REPAIR**

Is there roof damage?  Yes  No  
 Do any structures require tarps?  Yes  No  
 Which structures require tarps?  House  Outbuilding  
 Size of the area(s) needing tarps: \_\_\_\_\_ Is  
 roof stable to walk/work on?  Yes  No  
 Need assistance with tarp installation?  Yes  No  
 Additional Info. \_\_\_\_\_

**TREE WORK**

Trees endangering property or safety?  Yes  No Number of trees down? \_\_\_ Number of trees wider than 18"? \_  
 Trees blocking:  House  Building  Driveway  Other: \_\_\_\_\_  
 Additional info. \_\_\_\_\_

**SAFETY / HAZARDS**

Is the home habitable?  Yes  No  
 Has the foundation shifted or is it compromised?  Yes  No  
 Power turned on within household?  Yes  No Unrestrained animals on property?  Yes  No  
 Power lines down on property?  Yes  No Are there condemned structures?  Yes  No  
 Utilities that are still on?  Gas  Electricity  Water  N/A Do you know where shut off is?  Yes  No  
 What year was the house built? \_\_\_\_\_ Years that renovations occurred \_\_\_\_\_  
 Other known hazards: \_\_\_\_\_  
 Additional information: \_\_\_\_\_

Additional Intake Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**--- Owner must sign the Release and Waiver of**

Assessment Completed By:  
 Liability (pg. 3) and submit  
 form through appropriate  
 channels---