

Date Issued:

Name of Applicant:	MR. MS. MRS.	
Date of Intake:		Identification Verification:
Have you received assistance from FEMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by: (If applicable)		

	<b>Applicant has reviewed and signed the consent to the release of confidential information</b>
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<b>CURRENT CONTACT INFORMATION</b>	Applicants Phone #:	
	Current Address: (Including apt #, rm#)	
	Mailing Address: (If different)	
	E-mail Address:	
	Alternate Contact Name & Phone #:	

Household Members	Relationship	Date of Birth	Status
Example: John Doe	HOH	XX/XX/XX	I – Injured during Incident

**Status Codes:** I = Injured during Incident; D = Deceased due to Incident; M = Missing; SN = Disabled/Special Needs; NE = Non-English Speaking

<b>IMPACTED RESIDENCE</b>	<b>Impacted Address:</b> (Including apt #, rm#)				
	Is this location the applicant's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Do you plan to return to primary residence or seek new residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Type of Dwelling:</b> <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Single Family <input type="checkbox"/> Other	<b>Ownership:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/Family or Friends <input type="checkbox"/> Reside in homeless shelter or was homeless	<b>Work Needed on Home:</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Insurance:</b> <b>Structure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Contents?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Flood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Briefly Describe Work Requesting for the Home:</b>				

<b>EMERGENCY ASSISTANCE ASSESSMENT</b>	<b>As the applicant discusses their incident-related needs, check all those that apply:</b>	
	<input type="checkbox"/> CLOTHING, New <input type="checkbox"/> CLOTHING, Thrift Store <input type="checkbox"/> GROCERIES <input type="checkbox"/> INFANT FORMULA, Baby Supplies <input type="checkbox"/> TRANSIENT LODGING, Shelter or Hotel <input type="checkbox"/> EMOTIONAL & SPIRITUAL CARE <input type="checkbox"/> MEDICAL, Prescriptions <input type="checkbox"/> MEDICAL, Treatment/Therapy <input type="checkbox"/> FUNERAL <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> VEHICLE REPAIR <input type="checkbox"/> CLEAN-UP ASSISTANCE, Supplies	<input type="checkbox"/> CLEAN-UP ASSISTANCE, Labor <input type="checkbox"/> ENERGY, Utilities <input type="checkbox"/> HOUSING, Rental / Mortgage <input type="checkbox"/> PROPERTY, Appliances <input type="checkbox"/> PROPERTY, Furniture <input type="checkbox"/> PROPERTY, Household Goods <input type="checkbox"/> PROPERTY, School / Work <input type="checkbox"/> REPAIRS, Emergency Home <input type="checkbox"/> REPAIRS, Home Reconstruction <input type="checkbox"/> LOST WAGES <input type="checkbox"/> OTHER
	<b>Lost Wages:</b> State Date ____/____/____ Ending Date ____/____/____	
	<b>Further Notes / Explanation:</b>	

	<p><b>Briefly Describe your needs because of the incident:</b></p>				
<p><b>TYPE OF SUPPORT RECEIVED</b></p>	<p><b>Please provide a list of aid that you have received or plan to receive due to incident</b></p>				
	<p><b>Organization Providing Support</b></p>	<p><b>Type of Support</b> <small>Please do not list any bank or card number information</small></p>			
		<p><b>Goods</b></p>	<p><b>Services</b></p>	<p><b>Cash</b> <small>(Amount Received)</small></p>	<p><b>Other</b></p>
	<p><b>Status Codes:</b> I = Injured during Incident; D = Deceased due to Incident; M = Missing; SN = Disabled/Special needs; NE = Non-English Speaking</p>				

<p><b>Applicant Name (print):</b></p>	
<p><b>Applicant Signature &amp; Date:</b></p>	
<p><b>Reviewer Name (print):</b></p>	
<p><b>Reviewer Signature &amp; Date:</b></p>	