

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
FEMA-Administered Disaster Case Management Program

OMB Control No. 1660-NW132
Expiration Date: XX/XX/XXXX

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The purpose of this form is to allow you to direct the Department of Homeland Security/Federal Emergency Management Agency (FEMA), to include any designee to release information collected for your disaster case management to entities with resources available to address your disaster-caused unmet needs under Section 426 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5189d. In accordance with the Privacy Act of 1974, 5 U.S.C. §552a(b), FEMA cannot release your information without your written consent (or an exception provided by law). Please return the completed form to your assigned disaster case manager.

DCM Case Number:	Your Full Name (Last, First, Middle Initial):
Date of Birth (mm-dd-yyyy):	Place of Birth (City, State/Province, Country):

SECTION A

I authorize FEMA to release information selected in Section B below to the following individuals (i.e. co-applicant and/or power of attorney):

Name (Last, First):	Telephone Number:	Address:	Relationship:
Name (Last, First):	Telephone Number:	Address:	Relationship:
Name (Last, First):	Telephone Number:	Address:	Relationship:

SECTION B

I authorize FEMA to release to the individuals in Section A and/or the entities in Section C below the following information:

YES NO

- ☐ ☐ My case file, including construction cost analyst assessment, types and amounts of awards, status updates, etc. (Cross out any information you do not want to share or list under "Other" and check "NO").
- ☐ ☐ My contact information, including address, phone number, e-mail, work contact information, FEMA Application number, etc. (Cross out any information you do not want to share or list under "Other" and check "NO").
- ☐ ☐ Other:

SECTION C (OPTIONAL)

If additional disaster resources may be available to me, or if other persons request information regarding my case, I authorize the information listed in Section B to be released to:

YES NO

- ☐ ☐ State, District of Columbia, Territory, or Tribe offering disaster assistance
- ☐ ☐ Recipient State, District of Columbia, Territory, or Tribe of the Disaster Case Management Federal award
- ☐ ☐ Local, Regional, State or National Voluntary Organizations Active in Disaster (NVOAD) and their partners that offer disaster resources and services
- ☐ ☐ Other:

Add line to name Agency be specific to Agency + not DCM

This verification of identity and authorization to release records is made pursuant to and consistent with 28 U.S.C. § 1746. I declare under penalty of perjury under the laws of the United States that all of my information on this form is true and correct. This authorization to release records expires one year from the date of signing.

I understand that I may revoke this consent at any time by contacting FEMA and/or its designee, except when action has already been taken to obtain and/or release such information to individuals or organizations based on the consent I now revoke. 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 questions. If applicable I am also signing this release on behalf of my children under the age of eighteen (18) or individuals under my guardianship and whose information is part of my case file.

Note: All co-applicants must sign their own consent form before FEMA or its designee can disseminate their information to any outside individuals or entities.

~~NO~~ Add Co-applicant to this form not two

Printed Name

Current Address (Street, City, State, Zip Code)

Sign here

Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

PURPOSE: FEMA is requesting the information written on this form to establish your identity and your consent to share your information with you or parties you have named in this form.

AUTHORITY: Written consent is requested pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a(b). The program for which this form may be used is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. §§ 5121 -5207; The Homeland Security Act of 2002, 6 U.S.C. §§ 311-321j; Reorganization Plan No. 3 of 1978; 4 U. S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193); and Exec. Order No. 13411.

ROUTINE USES: FEMA may externally share the information you write in the fields on this form as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, and as a "routine use" to facilitate information sharing with other government agencies, voluntary agencies, and private entities. A complete list of the routine uses can be found in the system of records notice DHS/FEMA-0XX FEMA-Administered Disaster Case Management Files Notice of System of Records. The Department's full list of systems of record notice can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average XX per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC20472-3100, Paperwork Reduction Project (1660-0XXX)

NOTE: Do not send your completed form to this address.

Are you
getting an
auto-populated
case number?

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control No. XXXX-XXXX
Expires January 31, 2024

FEMA-ADMINISTERED DCM INTAKE FORM

ADMINISTRATIVE INFORMATION		
Disaster Number:	Disaster Type:	Signed Consent Form - Date Received:
CASE MANAGER INFORMATION		
Full Name:	Work Phone:	Work Location:
TIER LEVEL		
Identify case manager, designated tier level, and date of tier level determination:		
Case Manager	Tier Level	Date of Determination
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
CLIENT CASE STATUS		
Case Status:	<input type="checkbox"/>	Date:
If Other, Explain:		
RETURN ON INVESTMENT		
Provide cost of goods or services provided to the client to address their disaster-caused unmet needs:		
Goods or Services	Cost	
RECORD NOTES		
Entry Date:	Purpose:	<input type="checkbox"/>
Notes (information associated with the purpose):		
<p>? only supervisor for DCM use? and computer based?</p>		

should auto populate

CLIENT INFORMATION				
CLIENT INFORMATION				
Applicant's Full Name (First, Middle, Last):		Alias/Preferred Name:		Age:
Gender:	Preferred Language:	Current Phone #:	Current Alternate Phone #:	
Current Email Address:		FEMA Registration #:	DCM Application Unique ID #:	
CO-CLIENT INFORMATION				
Relationship to Applicant:		Reside with Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Co-Applicant's Full Name (First, Middle, Last):		Alias/Preferred Name:		Age:
Gender:	Preferred Language:	Current Phone #:	Current Alternate Phone #:	
Current Email Address:				
HOUSEHOLD OCCUPANT INFORMATION				
Household Size (including client and co-client):		List the following for each occupant:		
Occupant's Full Name (First, MI, Last)	Relationship to Applicant	Dependent (Y/N)	Age	Gender
here - Applicant	Self (Applicant)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto populate	
Co-Applicant	what's in this box	<input type="checkbox"/> Yes <input type="checkbox"/> No	auto populate	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT ADDRESS INFORMATION				
Address:				
Address Type:				
Number of other individuals in current address household: _____		Is location status long term? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter Start Date: _____ End Date: _____		
Where will the clients go next if they can't stay?				
DAMAGED DWELLING ADDRESS INFORMATION				
Information on your primary residence damaged by the disaster:				
Address:				
Address Type:				
Number of other individuals in pre-disaster household: _____		Are you able to return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of return: _____		

is this generated in the beginning or at the end?

Add DOB (Date of Birth) column then auto populate age

Reason - other as many other resources require the DOB

will this give you an option other than date?

Is this going to be self-populating for assessing starting in pages 1-2 should be 1st

Add income below Federal poverty level
Add uninsured
Can Veterans have their own hotel area?

SELF-ASSESSMENT		
SELF-REPORTED DISABILITY/AT-RISK POPULATION		
Self-Reported Special/At-Risk Populations, for example:		
<input type="checkbox"/> Children	<input type="checkbox"/> Individuals with limited English proficiency	<input type="checkbox"/> Shelter/Homeless
<input type="checkbox"/> Elderly	<input type="checkbox"/> Individuals with disabilities in the household	<input type="checkbox"/> Other: _____
SELF-IDENTIFIED DISASTER-CAUSED UNMET NEEDS		
Self-identified disaster-caused unmet need(s). Include those that apply. For example:		
<input type="checkbox"/> Shelter	<input type="checkbox"/> Food and type (e.g. baby food)	<input type="checkbox"/> Functional needs assistance with services, devices, and modifications
<input type="checkbox"/> Treatment of an illness or physical injury (e.g. replacing prescriptions lost due to the disaster)	<input type="checkbox"/> Assistance with replacing prescriptions, or treatment of an illness or physical injury	<input type="checkbox"/> FEMA assistance (registration or appeals)
<input type="checkbox"/> Assistance locating a person or family missing due to the disaster	<input type="checkbox"/> Behavioral health access, crisis counseling, or spiritual and emotional care	<input type="checkbox"/> Housing assistance (temporary, interim, to long-term)
<input type="checkbox"/> Financial assistance	<input type="checkbox"/> Legal assistance (obtaining services or fees)	<input type="checkbox"/> Housing repairs assistance (e.g. repair or rebuild of a dwelling)
<input type="checkbox"/> Essential clothing	<input type="checkbox"/> Essential furniture and/or appliances	<input type="checkbox"/> Utilities assistance (e.g. deposits or monthly expenses for water, electric, gas, heating oil, phone, etc.)
<input type="checkbox"/> Transportation assistance (e.g. local travel, replacement vehicle, moving expenses)	<input type="checkbox"/> Employment	<input type="checkbox"/> Mold remediation assistance
<input type="checkbox"/> Health insurance or healthcare access		<input type="checkbox"/> Assistance with accommodating or caring for a domesticated animal or pet
		<input type="checkbox"/> Funeral cost assistance (e.g. memorial, transportation, disposition of remains)
		<input type="checkbox"/> Assistance with temporary storage of household items
		<input type="checkbox"/> Other disaster caused-unmet needs (list)
		<input checked="" type="checkbox"/> Essential household goods
DISASTER-CAUSED UNMET NEEDS ASSESSMENT		
BEHAVIORAL HEALTH ASSESSMENT		
Referral Service:		Target Completion Date:
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)
Comment:	Date:	Referral Result:
		Result Date:
Assessment Date:	Is Disaster Survivor or anyone in the household in distress? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	Would Disaster Survivor or anyone in the household like to speak to someone about coping with disaster-related stress? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
Referral Needed? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Referral Services, note all that apply. For example: <input type="checkbox"/> Behavioral health - other <input type="checkbox"/> Crisis counseling program <input type="checkbox"/> Community clinical provider <input type="checkbox"/> Disaster distress helpline <input type="checkbox"/> Counseling services <input type="checkbox"/> Private counsel directory	
Notes - Names of those in distress and a brief description of survivor self-reported symptoms/feelings of distress:		

DCMs should not be put in a position to ask these question as they in many cases are not licensed ~~counselors~~ counselors.

DCMs are not trained to give appropriate responses to certain issues that may be shared. ex: suicidal

if marked no it should not populate boxes about child care

Why asking again from page 3?

Clarification need on "early education"

CHILDREN AND YOUTH ASSESSMENT

Assessment Date: _____	Is the disaster survivor caring for a foster child or foster children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	Prior to the disaster, was the disaster survivor's child in early education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined
Prior to the disaster, was the disaster survivor's child in childcare? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	If yes, were the services disrupted as a result of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Does the disaster survivor currently have a need for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined
If childcare is needed but child is not attending, what are the barriers? <input type="checkbox"/> Childcare provider closed due to the disaster <input type="checkbox"/> Disaster survivor relocated to new area <input type="checkbox"/> Disaster survivor unable to find childcare for child with disability <input type="checkbox"/> Community barriers because of disaster <input type="checkbox"/> Increased childcare costs <input type="checkbox"/> Disaster survivor now unable to afford childcare due to unemployment losses <input type="checkbox"/> Disaster survivor unable to access site due to transportation <input type="checkbox"/> Disaster survivor unable to find childcare for infant <input type="checkbox"/> Family care provider can no longer provide care post disaster		
Prior to the disaster, did disaster survivor get voucher assistance for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Are the disaster survivor's children currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	* If disaster survivor's children currently attending school, are they in the same school district post-disaster? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined
Has your child missed any scheduled checkups or immunizations since the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Does disaster survivor have any concerns about how his/her child is managing feelings and behaviors post-disaster? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	
If yes, please provide more information for referral:		
Referral Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	Referral Services, note all that apply: <input type="checkbox"/> Case manager advocacy <input type="checkbox"/> Childcare <input type="checkbox"/> Child-other <input type="checkbox"/> Referral to social services <input type="checkbox"/> School district <input type="checkbox"/> Referral to early education <input type="checkbox"/> Referral to disaster distress helpline <input type="checkbox"/> Referral to childcare and referral agency <input type="checkbox"/> Referral to Voluntary Organization Active in Disasters (VOAD)/community group for school supplies	
Notes: <p><i>Confused in the need of all the question on a long term recovery. question again not something DDMs are trained in</i></p> <p><i>what the need for a date?</i></p> <p><i>this was ask on page 2</i></p>		
FEMA/SBA ASSESSMENT		
Assessment Date: _____	Does disaster survivor have a FEMA Registration number? <input type="checkbox"/> Disaster survivor has not received <input type="checkbox"/> Does not know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disaster survivor received envelope but threw away	
Disaster survivor has submitted SBA application? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Disaster survivor has been approved for SBA loan? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	
If yes, SBA Application Submitted Date: _____		If yes, Date Approved: _____

Disaster survivor has registered for FEMA Individual Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined If yes, Submitted Claim Date: _____	Disaster survivor has received non-compliance notice from FEMA Individual Assistance (IA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined If yes, non-compliance notice received date: _____
Disaster survivor has received FEMA IA Benefit? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined If yes, IA benefit received date: _____	Disaster survivor has received MAX Grant from FEMA? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined If yes, MAX grant received date: _____
Disaster survivor has applied for FEMA Other Needs Assistance (ONA)? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined If yes, ONA application date: _____	Disaster survivor has received ONA? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined If yes, ONA received date: _____
Disaster survivor was denied for ONA? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined If yes, ONA denied date: _____	Referral Needed? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined
Referral Services, note all that apply: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Assist with appeal for SBA denial <input type="checkbox"/> Assist with FEMA IA denial <input type="checkbox"/> Assist with FEMA/SBA Sequence of Delivery <input type="checkbox"/> FEMA - Other <input type="checkbox"/> Provide education regarding FEMA/SBA Sequence of Delivery <input type="checkbox"/> Submit inquiry to FEMA IA Branch re: Disaster Survivor's ONA Application </div> <div style="width: 48%;"> <input type="checkbox"/> Assist with completion of FEMA IA Application <input type="checkbox"/> Assist with completion of SBA Loan Applications <input type="checkbox"/> Assist with FEMA ONA denial <input type="checkbox"/> Case manager assistance <input type="checkbox"/> Obtain signed FEMA Disclosure release from Disaster Survivor <input type="checkbox"/> Submit inquiry to FEMA IA Branch re: Disaster Survivor's IA Application </div> </div>	
Notes:	

This should stay

Survivor will not know individual type of assistance

Can't this be completed after DEM receives from FEMA?

Where's the question if survivor had homeowner insurance

CLOTHING ASSESSMENT		
Assessment Date: _____ <i>What's the date?</i>	Did any of the household members lose clothing as a result of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	If yes, did disaster survivor submit a claim for the clothes with the insurance company (if has coverage)? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined
Did disaster survivor/family have usable clothing and shoes for work or school? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Did disaster survivor/family have clothing appropriate for current weather conditions? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	
Referral Needed? <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	Referral Services, note all that apply: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Clothing - Other <input type="checkbox"/> Laundry Assistance <input type="checkbox"/> Voucher </div> <div style="width: 48%;"> <input type="checkbox"/> Assistance with insurance claim/appeal <input type="checkbox"/> Clothing and other personal items <input type="checkbox"/> Referral to faith-based/community organization for clothing </div> </div>	
Notes (May include age, types and sizes of clothing/shoes needed):		

Why are we allowing survivors to decline employment info?

What the reason for the date?

no need for the question

EMPLOYMENT ASSESSMENT			
PRE-DISASTER EMPLOYMENT ASSESSMENT			
Assessment Date:	Previously employed?	Looking for additional employment/increased hours?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	
POST-DISASTER EMPLOYMENT ASSESSMENT			
Did you lose your job because of the disaster?		Currently employed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	
Looking for additional employment/increased hours?	Has disaster survivor applied for FEMA Disaster Unemployment Assistance?	If yes, was Disaster Unemployment Assistance approved?	If yes, was Disaster Unemployment Assistance denied?
<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined
Referral Needed?	Referral Services, note all that apply:		
<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Education <input type="checkbox"/> Employment - other <input type="checkbox"/> Employment placement service <input type="checkbox"/> Job searching resources		
Notes (include information necessary to address the need):			

FINANCIAL ASSESSMENT		
Assessment Date:		
PRE-DISASTER FINANCIAL ASSESSMENT		
Annual Household Income:	Monthly Expenses:	
Monthly Income:		
Pre-Disaster, was disaster survivor or any household member receiving any of the following? Note as many as apply:		
<input type="checkbox"/> Unemployment insurance	<input type="checkbox"/> Veterans disability payment	
<input type="checkbox"/> Supplemental security income (SSI)	<input type="checkbox"/> Social security disability income (SSDI)	
POST-DISASTER FINANCIAL ASSESSMENT		
Estimated Annual Household Income:	Post-Disaster, was disaster survivor or any household member receiving any of the following? Note as many as apply:	
	<input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Veterans disability payment	
	<input type="checkbox"/> Supplemental security income (SSI) <input type="checkbox"/> Social security disability income (SSDI)	
Disaster Unemployment Assistance received?	If yes, amount:	If yes, duration:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined		Start Date: End Date:
Referral Needed?	Referral Services, note all that apply:	
<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Disaster Unemployment Assistance <input type="checkbox"/> Grant Assistance <input type="checkbox"/> Financial - other	
Notes (include information necessary to address the need):		

FOOD ASSESSMENT		
Assessment Date:	Does Disaster Survivor have enough food to feed all members of the household?	Pre-Disaster, was disaster survivor or any household member receiving food assistance? Note as many as apply:
	<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Assistance from local pantries/food banks <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
		<input type="checkbox"/> Meals on wheels <input type="checkbox"/> Other
		<input type="checkbox"/> Woman, Infant, and Children (WIC) benefits

Other Food Assistance (include information necessary to address the need):

Is there a reason for two sections of notes for food.

Since the disaster, has the disaster survivor requested help with food from anyone?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

Referral Needed?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

Referral Services, note all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Assistance with D-SNAP application | <input type="checkbox"/> Food - other |
| <input type="checkbox"/> Food bank/pantry | <input type="checkbox"/> Food delivery services |
| <input type="checkbox"/> Referral to community organizations for food needs | <input type="checkbox"/> Referral to mass care assistance for immediate food needs |
| <input type="checkbox"/> Referral to senior meals on wheels services | <input type="checkbox"/> Social services for WIC/SNAP/D-SNAP |

Notes (include any necessary information needed to meet the need):

FURNITURE AND APPLIANCES ASSESSMENT

Assessment Date:

Did disaster survivor have furniture or home appliances destroyed in the disaster?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

If yes, did disaster survivor submit a claim for the furniture and appliance with their insurance (if any)?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

If yes, did disaster survivor get replacement items from any nonprofit organizations?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

If yes, was disaster survivor able to place/install replacement furniture and appliances in the home?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

Referral Needed?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

Referral Services, note all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Assistance with insurance claim/appeal |
| <input type="checkbox"/> Assistance with install of new or removal of old appliances | <input type="checkbox"/> Referral to faith-based/community organization for replacement |
| <input type="checkbox"/> Furniture and Appliances - Other | <input type="checkbox"/> Assistance with FEMA |

Notes (include any necessary information needed to meet the need):

HEALTH INSURANCE AND ACCESS TO HEALTH CARE ASSESSMENT

Assessment Date:

Do you have health insurance?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

If yes, insurance type?

- | | | | |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> Affordable Care Act (ACA) | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other Public | <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Military Insurance | <input type="checkbox"/> Private | <i>Employer Provided</i> |

Was this insurance lost as a result of the disaster?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

Referral Needed?

☐ Yes ☐ No ☐ Undetermined ☐ Declined

Referral Services, note all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Call 911 | <input type="checkbox"/> Clinic referral |
| <input type="checkbox"/> Durable medical equipment (e.g. wheelchair, cane) | <input type="checkbox"/> Emergency medical, health insurance related |
| <input type="checkbox"/> Health - other | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Medical equipment | <input type="checkbox"/> Medication |

Notes (for example, may include name, types, services, or items needed):

HOUSING ASSESSMENT

Assessment Date:

date?

In the disaster, was disaster survivor home damaged or affected?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

Is the disaster survivor able to access the home?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

Does disaster survivor consider home livable or inhabitable?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

Referral Needed?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

Disaster survivor damage rating:

☐ Affected ☐ Destroyed
☐ Major ☐ Minor
☐ Other ☐ Undetermined

☐ Inaccessible
☐ No damage
☐ Declined

Was disaster survivor relocated/evacuated?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

If yes, what are disaster survivor's plans to return home (if possible)?

why?

Why this choice?

Do all of disaster survivor's utilities work?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

If no, which utilities are not working? Note all that apply:

☐ Electrical power ☐ Sewer and sanitation ☐ Phone ☐ Gas ☐ Water
☐ Internet access ☐ Fuel oil ☐ Heat ☐ Propane

Details of disaster impacts to home:

DRAFT

Pre-disaster housing insurance status:

☐ Disaster survivor does not know insurance status
☐ Disaster survivor owned home and had homeowner's insurance
☐ Disaster survivor was insured but does not have insurance policy information

☐ Disaster survivor had hazard-specific insurance for disaster type (flood, fire, earthquake)
☐ Disaster survivor rented home and had renter's insurance
☐ Disaster survivor was uninsured
☐ Other

add: if insurance amount received and for what?

— why doesn't this have "owned home"

Referral Needed?

☐ Yes
☐ No
☐ Undetermined
☐ Declined

Referral services, note all that apply:

☐ Assistance Housing Reservation
☐ Emergency housing mass care shelter
☐ Housing – other
☐ Other emergency housing
☐ Tarp/blue room
☐ Utility, housing
☐ Debris removal, housing repairs

☐ FEMA-Transitional Shelter Assistance (TSA)
☐ FEMA – Other shelter
☐ FEMA – Direct Housing
☐ Muck and gut, well repair
☐ Storage
☐ Temporary housing, basic needs water, power heat
☐ Shelter

— what is this?

— what's a blue room

Notes (include any necessary information needed to meet the need):

~~Notes~~

TRANSPORTATION ASSESSMENT

Assessment Date:

date?

What was the disaster survivor's primary mode of transportation prior to the disaster?

☐ Vehicle/motorcycle ☐ Carshare
☐ Ride with friends/family ☐ Paratransit
☐ Public transit ☐ Bike
☐ Walk ☐ Other

If privately owned vehicle/motorcycle, is this method of transportation still working post-disaster?

☐ Yes ☐ Undetermined
☐ No ☐ Declined

Referral Needed?	Referral services, note all that apply:
<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined	<input type="checkbox"/> Transit pass <input type="checkbox"/> Transit tokens
<input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Gas <input type="checkbox"/> Transportation
	<input type="checkbox"/> Transportation - other

Notes (for example: unique transportation needs? Like for medical appts. Vs. employment? For med appts could be met with Medicaid, for example):

Is this one for us or what? this is not listed under unmet needs page 3. So where is being population from.

SENIOR SERVICES ASSESSMENT

Assessment Date: <i>date?</i>	At the time of the disaster, was anyone in the household living in senior housing, assisted living, or in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined	If yes, was the disaster survivor displaced following the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined <input type="checkbox"/> Declined
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If yes, please explain the circumstances:

page 2 - age and/or top of page 3 AT-Risk

why this section? living in a facility they are residence of that facility

Referral Needed?	Referral services, note all that apply:
<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined	<input type="checkbox"/> Assistance with accessing Veterans Affairs (VA) benefits
<input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Home delivered meals (e.g. Meals on Wheels)
	<input type="checkbox"/> Referral to area agency on aging
	<input type="checkbox"/> Assistance with the Low Income Home Energy Assistance Program (LIHEAP) application
	<input type="checkbox"/> Referral to Adult Day Health Care Center
	<input type="checkbox"/> Referral to senior center

Notes (information necessary to meet the need):

not on my household?

LEGAL SERVICES ASSESSMENT

Assessment Date: <i>date?</i>	Referral Needed?	Referral services, note all that apply:
	<input type="checkbox"/> Yes <input type="checkbox"/> Undetermined	<input type="checkbox"/> Other legal service <input type="checkbox"/> Referral to FEMA Disaster Legal Services program
	<input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Referral to Legal Aid

Notes (information necessary to meet the need):

REFERRAL INFORMATION

BEHAVIORAL HEALTH REFERRAL

Referral Service:	Target Completion Date:
Refer to Resource:	Appointment Date/Time (if case manager is asked to make appointment for survivor)
Comment:	Referral Result:
Date:	Result Date:

CHILD REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
FEMA/SBA REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
CLOTHING REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
EMPLOYMENT REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
FINANCIAL REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
FOOD REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	

FURNITURE AND APPLIANCES REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
HEALTH REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
HOUSING REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
TRANSPORTATION REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
SENIOR SERVICES REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	
LEGAL SERVICES REFERRAL			
Referral Service:		Target Completion Date: <input type="text"/>	
Refer to Resource:		Appointment Date/Time (if case manager is asked to make appointment for survivor)	
Comment:		Referral Result: <input type="text"/>	
Date:		Result Date: <input type="text"/>	

will this be self populated from page 1 & 2? for signature only

RECOVERY PLAN			
Include Applicable Disaster Survivor referrals and any other information relevant to the Recovery Plan.			
Name:		Address:	
Email:			
Phone Numbers:		FEMA Registration #:	Case Management Manager:
DR - Disaster Declaration:		Disaster Survivor ID:	CM Phone #:
Disaster Survivor Plan Creation Date:		Case Manager Site Address:	
FEMA-Administered DCM Case Manager Signature:		Date and Time:	
Disaster Survivor Signature:		Date and Time:	

why isn't ID question on page 2

DCMP disaster

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-NW132) NOTE: Do not send your completed form to this address.

PRIVACY NOTICE

So ~~if~~ will a recovery plan be populated based upon unmet needs / referral / answers to question?