

**NH Disaster Recovery
SCREENING TOOL**

Client Name: _____

Names (and ages where relevant) of other household members:

Pre-disaster Address:

Current Address:

Current Phone: _____

Cell Phone: _____

E-Mail Address: _____

What is family's stated need?

Contact with FEMA:

Have you contacted FEMA to file application for assistance?

- Yes FEMA Registration Number: _____
- NO

If NO, do you need help with contacting FEMA or completing the application process?

Explain:

Contact with SBA:

Have you applied for loan with SBA?

- Yes SBA Registration Number: _____
- No

Personal Information:

Marital Status:

- Single
- Legally Married
- Partner with non-legal status
- Widow/Widower

Languages spoken in household other than English: _____

Veteran

- Yes
- NO

Special Needs of household members (example: does anyone use a wheelchair):

Are you or any household member connected with/receiving services from a state or local social services agency prior to disaster? (i.e.: DHHS for food stamps or TANF; Mental Health or Area Agency for case management; other case management service?)

- Yes
- NO

If Yes, What agency/programs?

Basic Budget:

Income: _____

Other Resources (Savings, IRAS, CDs, other property):

Costs incurred since the disaster (temporary housing, rebuilding, etc.):

Housing Status (if damages are associated with your home):

____ Own ____ Rent

Housing Type

____ Single Family Dwelling ____ MH ____ Duplex

____ Destroyed ____ Major Damage ____ Minor Damage

Cost of Temporary Housing if displaced by flood:

Owners

Date Purchased _____

Price _____

Balance Owed _____

Monthly Mortgage Payment: _____

If insured, name of Home Owners/Renters Insurance?

Do you have Flood Insurance?

- Yes
- No

Have you contacted insurance company?

- Yes
- NO

Do you need assistance with contacting insurance company or getting insurance company the information they need?

- Yes
- NO

If YES, explain:

Have you obtained estimates for repairs or replacement of the residence?

- Yes
- NO

Amount of estimates _____

Further agency involvement needed in evaluating status of home?

- Yes
- NO

If Yes, explain:

Do you have any special needs related to housing?

Business Information (complete only if flood damages are related to the business):

Name of Business: _____

Location: _____

What damages did your business suffer?

What have you done thus far to address your damages?

Employment Status (all members of household):

Has employment been disrupted by flood

- Yes
- NO

IF Yes, Explain:

Has disruption of employment impacted Health Insurance coverage?

- Yes
- NO

School Status of minor children

Does family need any assistance with children in school?

Transportation:

Do you drive?

- Yes
- NO

Was your transportation impacted/lost due to the disaster?

- Yes
- NO

If YES, how? Explain:

Health Status:

Do you have Health Insurance and Prescription Coverage?

- Yes
- NO

Do you need assistance with accessing medications or medical attention as a result of the disaster?

- Yes
- No

Has your health status been impacted as a result of the disaster?

- Yes
- NO

If Yes, how? Explain:

Recovery Assistance

Are insurance, federal, state, local and/or family resources sufficient to meet disaster caused needs?

- Yes
- NO
- Not Sure

Explain:

What services/resources/supports have you used so far in recovery effort:

Have you received any direct financial assistance for recovery so far?

- Yes
- NO

If YES, how much and from what source?

Information and Referrals Given by Worker

List referrals made (explain any contacts to agencies made by intake worker on behalf of client):

Other information provided:

Additional Comments

Name of person completing form: _____

Title: _____

Date: _____