



Disaster Case Management

DR #: _____ - Iowa _____

BASIC INTAKE FORM ATTACHMENT

Applicant Name (Head of Household) _____ County _____						
CURRENT CONTACT INFORMATION	Applicant's Phone #					
	Alternate phone #					
	Current Address (including apt #, rm. #)					
	Mailing address, if different					
	E-Mail address					
CURRENTLY	Does applicant currently...	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with family/ friends	<input type="checkbox"/> Reside in transient shelter or is homeless	<input type="checkbox"/> Other
	This residence is a...	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Mobil Home / Trailer	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other
	This housing is subsidized by:	<input type="checkbox"/> USDA	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD / Section 8	<input type="checkbox"/> HUD Grant or Loan <input type="checkbox"/> HUD / Public Housing	<input type="checkbox"/> None
	Does applicant share housing expenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe:		
	Number of disaster-affected persons residing in current household:					
PRE-DISASTER	Street Address of Pre-disaster housing					
	Mailing address of Pre-disaster housing					
	County					
	Did applicant formerly...	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with family / friends	<input type="checkbox"/> Reside in transient shelter or was homeless	<input type="checkbox"/> Other
	This residence was...	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Mobile Home / Trailer	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other
	This housing was subsidized by:	<input type="checkbox"/> USDA	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD / Section 8	<input type="checkbox"/> HUD / Grant or Loan	<input type="checkbox"/> HUD / Public Housing <input type="checkbox"/> None
	Did applicant share housing expenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe:		
	Number of persons residing in pre-disaster household:					
DISASTER RELATED INDIVIDUAL OR HOUSEHOLD NEEDS UNMET NEEDS ASSESSMENT						
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 (see Household Section) Applicant's income \$					
	Applicant is age 55 or over.					
	Applicant or other member of the household is physically or mentally disabled.					
	Applicant or other disaster-affected household member has medically related needs. Specify:					
	Applicant or other disaster-affected household member has mental illness.					
	Applicant is a single head of household with dependent children.					
Head of Household is a <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Alien Authorized to work <input type="checkbox"/> Other						

IMMEDIATE UNMET NEEDS Check all that apply	Housing (repair, modification, eviction, etc.)	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
	Other:		
	Applicant request language, sign language, or literacy assistance. Specify language:		
	Applicant has pending eviction and / or utility shut-off notices.		
Client was provided referrals for urgent needs. (See information)			
DISASTER RELATED ASSISTANCE/DUPLICATION OF BENEFITS INFORMATION			
Has Client registered with FEMA? YES _____ NO _____			
If NO, why not?			
Have you received any assistance from FEMA to date? YES _____ NO _____			
If YES, how much have you received?			
Have you completed an SBA application? Yes _____ NO _____			
If NO, why not?			
Have you received any assistance from Iowans Helping Iowans? YES _____ NO _____			
If YES, how much and for what?			
Have you applied for Disaster Related Unemployment Compensation? YES _____ NO _____			
Have you applied for Disaster Related Food Assistance? YES _____ NO _____			
Do you have Flood Insurance? YES _____ NO _____			
If YES, how much have you received?			
APPLICANT'S VERIFICATION			
CATEGORIES of IMPACT	I verify that I have been affected by the _____ Iowa Flood in the following way(s):		
	<input type="checkbox"/>	I suffered physical injury directly caused as the result of the disaster and/or developed severe mental health issues as the result of the disaster.	
	<input type="checkbox"/>	I was displaced from my primary residence as the result of a disaster.	
	<input type="checkbox"/>	I suffered substantial or complete loss or damage to my primary residence due to the disaster.	
	<input type="checkbox"/>	I suffered the loss of household income directly related to the disaster.	
	<input type="checkbox"/>	I am grieving over the death of a loved one.	
	<input type="checkbox"/>	I am / was an emergency response or relief worker during or following the disaster.	
<input type="checkbox"/>	I resided in a mandatory evacuation zone.		
ESTABLISHING ELIGIBILITY FOR ASSISTANCE			
<input type="checkbox"/>	Applicant resides in or was a resident of one of the counties identified in the _____ disaster declaration for Iowa		
<input type="checkbox"/>	Applicant has authorized release of confidential information for Community Action Agency, LTRC and FEMA.		
<input type="checkbox"/>	Applicant meets program requirements for Iowans Helping Iowans Unmet Needs Assistance		
<input type="checkbox"/>	Applicant meets program requirements for Iowans Helping Iowans Housing Assistance		
<input type="checkbox"/>	Applicant meets program requirements for Iowans Helping Iowans Business Assistance		
<input type="checkbox"/>	Applicant meets program requirement for financial need and/or unmet needs and duplication of benefits for LTRC		
VERIFICATION OF FINANCIAL NEED 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 meet basic living expenses.		
	Applicant Print Signature:		
	Applicant Signature:		
	Co-Applicant Print Signature:		
	Co-Applicant Signature		
	Intake Worker Signature Print:		
Intake Worker Signature:			