



Disaster Case Management
DR # _____ – Iowa _____
Case Presentation for LTRC/Unmet Needs

Date of Presentation to Committee: _____

LTRC/Name of Long Term Recovery Committee: _____

Name of Disaster Case Manager: _____

Request(s) from the Disaster Case Manager to the Long Term Recovery Committee:

1. _____

2. _____

Amount of Funding Requested: _____ For: _____

Recommended Vendor/Service Provider _____

Obtained Additional Estimates from: _____

Is the Request being Co-Funded by any other agency? Yes No

Agency Name: _____ Amount: _____

Client ID Number: _____

Number of Household Members: _____ List Relationships/Ages for Members of Household:

Monthly Income (budget attached): _____ Source(s) of Income: _____

Case History/ Recovery Plan/ Comments:

Action Taken: Request Approved Request Denied Other _____

Authorization of LTRC Committee Chair _____

(Signature)

(Date)