

Monroe County Disaster Initial Intake/Assessment Form

Date Completed: _____

Completed by: _____

THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM

Head of Household Last Name: _____ First Name: _____ DOB: _____

Spouse's Name: _____ DOB: _____

Address of Damaged Home: _____

Current Address: _____

Current Contact Numbers: _____

Own: _____ Rent: _____ Home Cell Work
Is this your Primary Residence: Yes ___ No ___

Landlord Name: _____ Address: _____ Phone: _____

Type of Home: Single Family ___ Duplex ___ Apartment ___

Stick built home ___ Mobile home ___ Modular home ___

Number of people in Home: Total ___ Adults: ___ Children: ___ Ages: _____

Number of: Elderly (over 65): ___ Disabled: ___ Single Parent: ___ Veteran: ___

Race of household members: White ___ Black ___ Hispanic ___ Native American ___ Asian ___ Other _____

Language spoken: _____

Insurance Coverage: Homeowner: _____ Flood Ins. _____ Contents Ins. _____ Sewer Backup Ins. _____

Have you contacted agent Yes ___ No ___ Claim # _____ Settlement \$ _____

Insurance Company: _____ Agent: _____ Phone: _____

Have you applied for or received aid with any other agency/organization? _____ Whom: _____

For What: _____ Amount: _____

Damaged Home Type: Slab ___ Basement ___ Crawl Space ___ Bi-level ___ Tri-level ___

WATER DAMAGE in: Basement ___ Depth of water _____ Is basement Essential Living Space Yes ___ No ___

What type of living space: _____

Water in: Crawl space only ___ Depth of Water _____

Main living area of house ___ Depth of water _____ How many rooms affected: _____

Foundation damage _____ Furnace/AC Damage _____ Mold _____

Description of damage by client: _____

Immediate Needs:

_____ Debris removal: From house _____ From Basement _____ From yard _____

_____ Tree Removal: From on house _____ From yard _____

_____ Gutting the house (removing wet drywall, insulation, carpet, flooring, etc.)

_____ Roofing: Tarping _____ Repair _____ Replace _____

_____ Housing: Temporary while your home is repaired _____ Permanent Rental _____

_____ Agricultural Needs – Specify: _____

_____ Pets/Livestock Yes _____ No _____ Describe: _____

_____ Finding Services: Food _____ Clothing _____ Transportation _____ Medical /RXs _____ Other _____

_____ Counseling for self or family member

_____ Help completing Insurance, FEMA and/or SBA paperwork

Date Submitted: _____

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Be sure to consult your Local Permitting Official BEFORE you start any repairs!

Please fill out this form as soon as you can and

Click Submit Button below to return the form to: Allison Moore