

From:
To:
Subject: [EXTERNAL SENDER] FW: Miami Valley Long-Term Recovery Group [#100]
Date: Wednesday, September 23, 2020 10:29:05 AM

From: Miami Valley Long-Term Recovery Group
Sent: Wednesday, September 23, 2020 10:28:52 AM (UTC-05:00) Eastern Time (US & Canada)
To:
Subject: Miami Valley Long-Term Recovery Group [#100]

Date: *

DCM Agency: *

DCM Name: *

DCM Phone Number: *

DCM Email: *

Client Name/ID: *

Client Phone Number: *

Client Phone Type: *

Disaster impacted Address:
Street Address *

City *

State *

Ohio

Zip Code *

Household Composition:
(Please list household members,
relationships, age) *

Interior:

Exterior:

Any safety concerns related to visiting

this property? If yes, please describe. *

Has any repair/ work already been quoted or completed? If yes, please describe. *

*

Have you visited the property? *

Did client have insurance? *

Does client have a disability or health issue? *

FHLB eligible?

Was home ownership verified? *

Is client 60 years or over? *

Are there small children in the home?

*

FHLB application received? *

Urgency: *

Please provide any detail to justify heightened urgency level: *

Anything else we should know (Stressors, trauma, other):

Appointment Date: *

Appointment Time: *

Who will estimator meet with? *

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