

Miami Valley Long-Term Recovery

CLIENT INFORMATION

Reporting Agency

First Name *

Middle Name

Last Name *

Date of Birth *

 / / 

MM DD YYYY

Best Phone Number *

 - -

####

Best Email *

Co-Applicant or Alternate Contact *

Yes No

Did applicant register with FEMA? *

Yes No N/A

FEMA Registration #

PRE-DISASTER RESIDENCE

Type of residence *

Homeowner Renter Other (specify below)

Type of dwelling *

Single Family Multi-family Subsidized (Sec. 8/HUD)
 Other

Street Address *

City *

State *

Zip *

County *

CURRENT HOUSING INFORMATION

Living at pre-disaster address *

Yes No

Is this the mailing address *

Yes No

HOUSEHOLD COMPOSITION

Number of adults in family *

Number of children under 18 *

Household includes (check all that apply)

- Children under 3 Veteran Deployed service member

VULNERABILITY ASSESSMENT

Vulnerability (check all that apply) *

- Damage to residence and are under/uninsured
- English is not primary language (describe below)
- Household displaced from primary residence
- Household experienced loss of income
- Household experiencing significant emotional distress
- Household is isolated geographically, socially or culturally
- Household with functional and/or access needs (disability)
- Household with members over 60
- Living in unsafe conditions
- Single head of household w/children under 18
- Other (describe below)

REPORTED NEEDS

Needs (check all that apply) *

- Access and Functional Needs (disability)
- Benefits Access and Restoration (SSI, SNAP, etc)
- Children and Youth Services (childcare etc)
- Debris Removal/Clean-out
- Employment
- FEMA Advocacy
- Food / Nutrition
- Household – Large Appliances or Furniture
- Household – Storage
- Housing – Permanent – Reconstruction / Repair
- Housing – Permanent – Relocation
- Housing – Rental/Mortgage Assistance
- Housing – Temporary
- Legal Assistance

- Medically-related Needs
 - Mental Health/Emotional/Spiritual Care
 - Mold Remediation
 - Transportation
 - Utilities
 - Other (specify below)
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REPORTED DAMAGE TO PRIMARY RESIDENCE

Damage *

 

INSURANCE & OTHER DISASTER ASSISTANCE

Insurance Type *

 

If Insured

 

Are you currently working with other agencies/organizations for disaster assistance? (Please select all that apply and list any additional by selecting the "Other" checkbox option)

- | | |
|--|--|
| <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Catholic Social Services | <input type="checkbox"/> Rebuilding Together |
| <input type="checkbox"/> Goodwill/Easter Seals | <input type="checkbox"/> Salvation Army |
| <input type="checkbox"/> MV Community Action Partnership | <input type="checkbox"/> St. Vincent de Paul |
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REQUEST FOR ASSISTANCE AND PRELIMINARY RELEASE

Would you like to work with a disaster case manager to navigate your recovery? *

 

Do you authorize the sharing of the information you've provided with the disaster case management team for follow-up? *

 

Notes and Referrals

