


Miami Valley Long-Term Recovery Group

Repair Estimate Request Form

Date: *

/ / 
MM DD YYYY

DCM Agency: *

Select One 

DCM Name: *

First Last

DCM Phone Number: *

- -
####

DCM Email: *

Client Name/ID: *

Client Phone Number: *

- -
####

Client Phone Type: *

Please Select 

Disaster impacted Address:
Street Address *

City *

State *

Ohio

Zip Code *

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

Description of Storm-Related Damage/Needs:

Interior:

Exterior:

Any safety concerns related to visiting this property? If yes, please describe. *

Yes No

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

Yes No

Have you visited the property? *

Yes No

Did client have insurance? *

Yes No

Does client have a disability or health issue? *

Yes No

FHLB eligible?

Yes No

Was home ownership verified? *

Yes No

Is client 60 years or over? *

Yes No

Are there small children in the home? *

Yes No

FHLB application received? *

Yes No

Urgency: *


1-Low 2-Med. 3-Med. High 4-High


Please provide any detail to justify heightened urgency level: *

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

Appointment Date: *

Appointment Time: *

/ / 
MM DD YYYY

: 
HH MM AM/PM

Who will estimator meet with? *

- Client Other- Specify Below
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