

Resource Table Request Form

Client Information			
Client Name:		CAN ID:	
Disaster Street Address:			
City:	State: OHIO	Zip:	Jurisdiction:
Phone:		Email:	
Disaster Case Manager Information			
DCM Name:		Phone:	Email:
Checklist of Required Validation and Collection of Related Supporting Documentation <small>(verify/have docs on file)</small>			
<input type="checkbox"/> Verify Client's Release of Information is on file <input type="checkbox"/> Verify individual's identity <input type="checkbox"/> Verify evidence that household was disaster impacted (residence is listed on County, ARC, FEMA damage assessments) <input type="checkbox"/> Verify evidence of property occupancy at time of disaster (May 2019 DP&L or Vectren statement) <input type="checkbox"/> Verify household composition (names, ages) <input type="checkbox"/> Verify proof of income for all household residents (and statement on no income as relevant) <input type="checkbox"/> Complete duplication of benefits checks <input type="checkbox"/> Verify any insurance settlement and documentation as to spending of any proceeds (as applicable) <input type="checkbox"/> Verify FEMA damage compensation and documentation as to spending of any proceeds (as applicable) <input type="checkbox"/> Verify property ownership (county property records and identification of pending liens) <input type="checkbox"/> Verify status of property taxes (must disclose if in arrears or tax lien sold) <input type="checkbox"/> Verify proof of insurance or <i>statement of no insurance</i> <input type="checkbox"/> Verify SBA eligibility and approval amount (as applicable) <input type="checkbox"/> Assess for FHLB-DR preliminary eligibility			
Additional Required Resources			
<input type="checkbox"/> LTRG construction assessment and estimate is complete <input type="checkbox"/> FHLB-DR packaging is complete (as applicable)			
		FHLB Sponsor Partner Seeking Funding:	
Request Summary <small>(brief description of scope including what components are suitable for volunteers if known)</small>			
Summary of Financial Need			
Anticipated Recovery Costs		Anticipated Client Resources to be Applied	
Total Cost of Recovery		Household Monthly Income	
		Household Monthly Expense	
Cost Breakdown (\$)		Client Contribution (\$)	
Materials		Client Cash	
Labor		Insurance Proceeds	
Skilled Trade Required		FEMA Proceeds	
Other (specify)		FHLB-DR expected (up to \$18k)	
		SBA Funds	
		Other (specify)	
Anticipated Gap (\$ and description)			

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Case manager's explanation of any special consideration for this request and perceived justification of any beyond scope requests (advocate for your client here)		
Risk/Prioritization Factors (check all that apply)		
<input type="checkbox"/> Client age over 50 <input type="checkbox"/> Minor children living in home <input type="checkbox"/> Single parent household <input type="checkbox"/> Severity of damage to structure <input type="checkbox"/> Currently living in the damaged property <input type="checkbox"/> Currently living in temporary housing	<input type="checkbox"/> Unsafe conditions (active leaks, mold) <input type="checkbox"/> Veteran/Active Military/First Responder <input type="checkbox"/> Functional and access needs <input type="checkbox"/> Client has resources that will be applied to recovery <input type="checkbox"/> Absence of tax liens or foreclosure actions on property	
Disaster Case Management Sign-Offs		
DCM Signature	Date	
DCM Supervisor Signature	Date	
Resource Table Outcomes (To be completed at Resource Table)		
Disposition		
<input type="checkbox"/> Approved <input type="checkbox"/> Approved (conditional, state conditions) _____ <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn (if further info is required) _____		
Approval Scope (describe)		
Resources Approved (specify allocations and sources)		
Skilled Labor Team(s)	Donated Materials	Funds
Approval Notes/Justification		
Authorized Signature	Date	

Applicant Demographics		
Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic nor Latino	Jurisdiction of Disaster Residence <input type="checkbox"/> Beavercreek <input type="checkbox"/> Harrison Township <input type="checkbox"/> Brookville <input type="checkbox"/> Perry Township <input type="checkbox"/> Butler Township <input type="checkbox"/> Riverside <input type="checkbox"/> Clayton <input type="checkbox"/> Trotwood <input type="checkbox"/> Dayton <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Englewood	