



## Intake and Disaster Assessment

**Date of Intake:** \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Intake Vol: \_\_\_\_\_  
Source: \_\_\_\_\_      Addl Info: (Case #) \_\_\_\_\_  
Storm: \_\_\_\_\_      County: \_\_\_\_\_

Survivor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alt Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Temp Address: \_\_\_\_\_

Currently Occupied: (after storm)      **Y**      **N**      # of Occupants: \_\_\_\_\_  
Household Composition: #0-18 \_\_\_\_\_ #19-64 \_\_\_\_\_ #65 plus \_\_\_\_\_ (Age) \_\_\_\_\_

Is this the primary residence?:      **Y**      **N**      Is home habitable?:      **Y**      **N**  
Does Survivor Own the Property:      **Y**      **N**      (if not, record owner's name)  
Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Type:      Mobile/Modular      Stick Built      Block      Multi-Family

Does the survivor have HO Insurance?      **Y**      **N**      Has Insurance been contacted:      **Y**      **N**

Has the HO taken pictures of damage?      **Y**      **N**      Registered for FEMA:      **Y**      **N**      **N/A**

### Description of Need

**(Please briefly describe what happened - trees down, flooding, roof leak - and need)**

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**Access Concerns (gates, dogs, etc.)** \_\_\_\_\_  
\_\_\_\_\_



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**Assessment**

**Date of Assess:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Name of Assessor:** \_\_\_\_\_

**Degree of Damage:** Destroyed Major Minor Exterior/Yard

**Water:** City Public Well **Electric:** On Off

**Gas:** City Public Propane

**Flooding:**

Was the property flooded? **Y N** Was the house flooded? **Y N**

Water Level: \_\_\_\_\_ Water line visible?: **Y N**

Water Damage to exterior of home (siding, etc) \_\_\_\_\_

Height of drywall to be removed: \_\_\_\_\_

Appliances to be removed: Stove Refrigerator Dryer Washer Dishwasher

Were pictures taken of flood damage: **Y N** Uploaded or sent: **Y N**

Other Information for muck out:

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**Tree and Chainsaw Work:**

Debris Removal: **Y N** Heavy Equipment Needed: **Y N**

# of Full Trees to be removed: \_\_\_\_\_ Type: \_\_\_\_\_

Sizes: (approximate footage and diameter): \_\_\_\_\_

# of Branches larger than 6 inches in diameter: \_\_\_\_\_. Length: \_\_\_\_\_

Are there items that may hinder debris removal: \_\_\_\_\_

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Were pictures taken of Tree Work: **Y N** Uploaded or sent: **Y N**

Other Information for Debris Removal: \_\_\_\_\_

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**Wind Damage:**

Damage to Roof of Home:        **Y**    **N**        Tarping Needed:    **Y**    **N**

Approximate area needing tarped (provide dimensions): \_\_\_\_\_

Slope of Roof: \_\_\_\_\_ Height of Roof: \_\_\_\_\_

Pitch of the Roof: \_\_\_\_\_

Estimated Number of people needed to help with tarping: \_\_\_\_\_

Were pictures taken of the damaged area? **Y**    **N**        Uploaded or sent: **Y**    **N**

Please describe roof conditions and type (shingle, metal) and description of holes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated time for Volunteers (based on group of 7):    Half Day        Full Day        2 Days

Heavy Equipment Needed (list type - skid, tractor, bucket, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Would homeowner benefit from Family Advocate contact?:        **Y**    **N**

Would homeowner benefit from Emotional/spiritual care:        **Y**    **N**

\_\_\_\_\_  
\_\_\_\_\_

**Was the program goal discussed with the homeowner?**        **Y**    **N**

**Did the Homeowner sign the release form?**        **Y**    **N**

**Assessor Signature:** \_\_\_\_\_