



Response Intake Form

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)

Access Concerns (gates, dogs, etc.) _____
