

Individual Disaster Assessment Data

Client Name _____ ID # _____

Address _____

Telephone _____ Date of Birth _____

Marital Status _____

Referral Source _____

Church/Congregation Membership _____

Pastors Name _____ Phone Number _____

Directions to Home _____

Temporary Address _____

Telephone Number _____

Contact Information _____

Physical Environment

Living Arrangements: Lives alone ____ Lives with Spouse ____ Lives with relative/others ____

Type of Dwelling: House ____ Apartment ____ Mobile Home ____ Outbuilding ____ Business ____
Other ____ Owns dwelling ____ Rents ____

Current Condition of Dwelling: Good ____ Fair ____ Poor ____ Unsafe ____
Not inhabitable ____ Other ____

Damage Assessment: No damage ____ Minimal damage ____ Moderate Damage ____
Extensive Damage ____ Total Loss ____

Notes: _____

Appliance _____ Furnishings _____ Plumbing _____

Heating _____ Clothing _____ Structural damage _____

Financial Loss Estimate _____

Other damage _____

Family members and age of members residing in dwelling:

_____ Age/Date of Birth _____ Elderly/handicapped _____
_____ Age/Date of Birth _____ Elderly/handicapped _____
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_____ Age/Date of Birth _____ Elderly/handicapped _____

Physical/Medical Information

Diagnosis or current medical problems _____

Medical considerations: (List special needs, medications, severity of medical problems)

Emotional Status Notations _____

Is counseling needed/desired by individual/family? ____ Yes ____ No
For Whom _____

Other conditions effecting situation (loss of job, family problems, disaster recovery concerns/problems) _____

Financial/ Insurance Information

SS# _____ Current Employment _____

Household insurance
Company Name _____

Other financial assistance
received/applied _____

Other assistance
received/needed _____

Has individual applied or received FEMA grants? Yes ____ No ____ Has individual applied or received other financial assistance? Yes ____ No ____
Comments _____

Other pertinent information that may effect factors or need for assistance _____

Key Point Factors

Lutheran _____
Elderly/Handicapped individual in home _____
Single Parent _____
Uninsured _____
Unemployed _____
Total Points _____

Caseworker _____

Date of Assessment _____

Caseworker Collateral Contacts/Notes

Client Name _____

| Date | Notes |
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Caseworker _____