

FILE #: _____

Initial Assessment

RISE Disaster Case Management Consortium
INITIAL ASSESSMENT

Name of Client / Head of Household (print): _____

Date of Initial Assessment (Month/Day/Year): _____/_____/_____ File #: _____

Case Manager (print name): _____

Other Persons present at interview: _____

Location of Interview (assure confidentiality): _____

Case Manager has reviewed and affirmed the confidential context of the client/worker relationship with the client(s).

If Client's address or phone number has changed, enter changes here and in CAN: _____

STEP 1: NARRATIVE – The Client's Story

In language that is appropriate to the Client / Case Manager, reassure the Client and explain that information will be gathered so that a plan can be developed for recovery.

Describe the Client's **pre-disaster scenario** (EX: *What was the client's Pre-Disaster life like? What happened immediately before, during, and after the disaster?*):

Describe the Client's **current scenario** (EX: *What has been the impact to the client? What has the client achieved so far? What are the client's primary concerns?*):

Describe the Client's **preferred scenario** (EX: *What are the client's expectations for recovery? What does the client expect from the organization / case manager?*):

STEP 2: DISASTER RELIEF

SEQUENCE OF DELIVERY: EA – Emergency Disaster Assistance

American Red Cross*

Applied YES NO
 Received YES NO Amount received: \$ _____ In-kind: _____

Salvation Army*

Applied YES NO
 Received YES NO Amount received: \$ _____ In-kind: _____

Disaster Unemployment

Applied YES NO INELIGIBLE
 Received YES NO Amount received: \$ _____

Other resource(s) accessed or pending*: _____

Applied YES NO
 Received YES NO Amount received: \$ _____ In-kind: _____

*Reference CAN

SEQUENCE OF DELIVERY: Insurance

Condition of Primary Residence: *Assessment of disaster-related damage to pre-disaster residence.
 (If client is a homeowner, also complete the Homeowner's Assessment Form)*

Destroyed Major Damage Partial Damage No Damage

Insurance Information: Homeowners Renters Auto Flood None
 Wind Other: _____

If client has insurance, has insurance adjuster made contact? YES NO

Have you reached a settlement from your insurance? YES; \$ _____
 NO Appealed

Insurer(s): _____

SEQUENCE OF DELIVERY: IHP - FEMA Individuals and Households Program

Has Client registered with FEMA? YES NO

If NO, are you willing to register at this time (if registration is still open)? YES NO

If NO, why not? _____

Is your FEMA case (check all that apply): Pending Denied On Appeal
 Other: _____

Have you received any assistance from FEMA to date? YES NO

If YES, how much have you received?
 EA (expedited assistance) \$ _____
 TSA (transitional sheltering assistance) \$ _____
 RA (rental assistance) \$ _____
 Real Property (owners only) \$ _____
 Personal Property (contents – owner or renter) \$ _____
 Other: _____ \$ _____
TOTAL: \$ _____

STEP 3: HOUSING ASSESSMENT / HOUSING RECOVERY PLAN

Is the client a homeowner? YES NO (If YES, complete the Homeowner's Assessment Form)

Has client made a decision to obtain permanent housing? YES NO

If YES, where?

- At my current address
- At my pre-disaster address
- At a new address, in my pre-disaster county
- Other (list address, if known, city, state):

TARGET MOVE DATE: _____/_____/_____

RELOCATION BARRIERS (check all that apply)

- Transportation
- Home repairs
- Insurance pending
- SBA pending
- Debris removal
- Locate HUD housing
- Awaiting trailer on own property
- Awaiting trailer on alternate site
- Furnishings / Appliances
- FEMA application processes (pending verification, duplicate registration, etc.)
- Locate rental property
- Other: _____

Is client facing eviction? YES Date of pending eviction: _____/_____/_____

If YES, has the client received written notice? YES NO

If YES, has client provided Case Manager with copy of written notice? YES NO

NO (skip to next question)

Is Client currently residing in a shelter or FEMA sponsored housing? YES NO

If YES, what is the date of shelter closing or the expiration date of the FEMA sponsored housing? _____/_____/_____

What resources are available for homelessness prevention? (Describe): _____

Housing Plan Summary

Summarize complexities relating to housing recovery. If eviction is pending, describe immediate actions to be taken by Client and/or Worker.

STEP 4: FINANCIAL ASSESSMENT

What is the combined annual income of all household members? \$ _____

Complete the Income vs. Expense Form with the client. (*Obtain relevant verification for fields, when possible.*)

Identify Financial Resources immediately available to client:

Identify other assets:

STEP 5: IDENTIFY CLIENT STRENGTHS AND RESOURCES

Identify the client's personal strengths and resources. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Able to establish realistic goals | <input type="checkbox"/> Self-determining |
| <input type="checkbox"/> Able to verbalize needs | <input type="checkbox"/> Client is a Veteran |
| <input type="checkbox"/> Finds strength in faith | <input type="checkbox"/> Motivated for recovery |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Has access to financial resources |
| <input type="checkbox"/> Involved in meaningful activity (<i>leisure, hobbies, etc.</i>) | <input type="checkbox"/> Has supportive family / friends |
| <input type="checkbox"/> Carefully considers options and resources available | <input type="checkbox"/> Interested in the well-being of others |
| <input type="checkbox"/> Able to navigate complexities of social service delivery systems independently | |

Other: _____

STEP 6: EMPLOYMENT INFORMATION

Describe the client's employment information.

Was the client employed prior to the disaster?

YES

NO

If YES, complete the following (otherwise skip to next question)

Occupation _____
Employer Name _____
Address _____
City, State Zip _____

What is the client's current work status?

Employed: Full time Student Unemployed Prior to Disaster Retired
 Employed: Part time Disabled Unemployed Due to Disaster
 Other: _____

If the client is currently employed, complete the following:

Occupation _____
Employer Name _____
Address _____
City, State Zip _____
Supervisor's Name _____

If the client is currently unemployed, complete the following

Is the client receiving unemployment benefits? YES, \$ _____ NO

Brief Summary of Job Skills: _____

Is the client in need of any additional education or training?

YES

NO

Please describe: _____

STEP 7: NEEDS ASSESSMENT

Check only those boxes which currently apply.

- HWB** **Health & Well-Being** (*Physical Health, Medically Related needs, Mental Health, and/or Spiritual Well-being*)

- HO** **Housing**
 Emergency Housing Assistance needed

- FO** **Food / Nutrition**
 Needs financial assistance or referral to acquire food Special dietary needs

- US** **Utilities / Services**
 Phone Heating / Cooling Other (*describe*): _____
 Water Garbage collection
 Electric Storage

- EMP** **Employment/Job Training**

- TR** **Transportation**
 Gas/Tolls Medical transportation Car insurance
 Car repair Public transportation Other (*describe*): _____

- Y** **Children and Youth**
 Childcare Access to public education Other (*describe*): _____

- AD** **Aged / Disabled**
 Senior services Services for the disabled Other (*describe*): _____

- APP** **Application Assistance**
- FI** **Financial**
- LEG** **Legal**
- BR** **Benefits Restoration**
- CL** **Clothing**
- FU** **Furniture / Appliances**
- LA** **Language Assistance**
- ED** **Educational Services**
- OT** **Other:** _____

Referrals & Services								
Agency Client Referred to	Service / Assistance Type	Date of Referral <i>Include multiple dates if appropriate</i>	Client Accessed Service		Value of Assistance			Dates of Access <i>Include multiple dates if appropriate</i>
			Yes/No	Pending	Quantity	Unit Cost	Total	

STEP 8: VERIFICATION

Ask the client to provide as much verification / documentation as possible and as is reasonable to substantiate his/her level of need when seeking resources. Explain that this will be helpful or even necessary in providing case management services. Examples of relevant verification are in italics. Check only if verification obtained.

- Identification for all household members (*such as driver's license, social security cards, passport, workers permit*):
- Proof of current assets and resources (*recent bank statements for checking, savings, etc*):
- Proof of current residence (*lease, mortgage, deed, utility bill, or host family letter*):
- Proof of disaster residence in disaster-affected area (*lease, mortgage, deed or utility bill*):
- Verification of current household income, including all income from all household members (*pay stub, unemployment check stub, and/or disability income*):
- Verification of disaster-related loss of employment, if applicable (*Termination letter from employer, disaster unemployment verification*):
- Verification of FEMA application, if applicable (*FEMA letter(s)*):
- Verification of income prior to disaster, including all income from all household members (*pay stubs, unemployment check stub, disability income, tax returns, W-2s, Social Security income*):
- Verification of need (*outstanding bills, damage assessments, repair estimates, etc.*):
- Other: _____
- Client has agreed to provide Case Manager with the following additional verification:

- Client is unable to provide the following verification because (list document(s) and reason(s)):

STEP 9: SIGNATURES

Client Name (print):	
Client Signature:	
Co-Client Name (print):	
Co-Client Signature:	
Case Manager Name (print):	
Case Manager Signature:	