

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**
  - Rental Assistance       Homelessness       Emergency Housing Assistance
  - Mortgage Assistance       Repair/Rebuild/Construction       Other (describe): \_\_\_\_\_
  
- 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:	