

FILE #: _____

Intake and Determination

RISE Disaster Case Management Consortium INTAKE FORM

Name of Applicant (print): MR. MS. MRS. _____

Date of Intake (MM/DD/YYYY): _____ / _____ / _____

FILE #: _____

FEMA #: _____

DR #: 1791-DR-TX

Social Security #: _____ - _____ - _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

⇨	Applicant has reviewed and signed the Organization/CAN authorizations to release confidential information and Client/FEMA Consent Letter <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain: _____					
PRE-DISASTER	Pre-Disaster Address (including Apt #, Rm #)					
	Pre-Disaster Mailing Address (if different)					
	County					
	Did applicant formerly...	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with family/friends	<input type="checkbox"/> Reside in transient shelter or is homeless	<input type="checkbox"/> Other
	This residence was ...	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Mobile Home / Trailer	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other
	This housing was subsidized by:	<input type="checkbox"/> USDA	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD / Section 8	<input type="checkbox"/> HUD / Grant or Loan	<input type="checkbox"/> HUD / Public Housing <input type="checkbox"/> None
	Did applicant share housing expenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe: _____		
	Number of persons residing in pre-disaster household: <i>Adults:</i> _____ <i>Dependent Children:</i> _____					
CURRENT CONTACT INFORMATION	Current Address (including Apt #, Rm #)					
	Current Mailing Address, (if different)					
	County					
	Applicant's Phone #					
	Alternate phone #					
	E-Mail Address					
	Does applicant currently...	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with family/friends	<input type="checkbox"/> Reside in transient shelter or is homeless	<input type="checkbox"/> Other
	This residence is a...	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Mobile Home / Trailer	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other
	This housing is subsidized by:	<input type="checkbox"/> USDA	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD / Section 8	<input type="checkbox"/> HUD / Grant or Loan	<input type="checkbox"/> HUD / Public Housing <input type="checkbox"/> None
	Does applicant share housing expenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe: _____		
Number of persons residing in current household: <i>Adults:</i> _____ <i>Dependent Children:</i> _____						
⇨	Head of Household is a: <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Alien Authorized to Work <input type="checkbox"/> Other					

HOUSEHOLD

Enter information for all disaster-affected household members

Name Of Each Household Member <i>Currently Residing In Household</i>	Relationship	Date of Birth <i>(mm/dd/yyyy)</i>	Gender	Ethnicity*	FEMA # <i>(If different)</i>
	Head of Household				

***ETHNICITY CODES** Please select number which best describes applicant's race / ethnicity as identified by applicant.

African American or Black	American Indian or Alaska Native	Asian	Hispanic / Latino	Native Hawaiian or Pacific Islander	Tribal Affiliation	White	Other
1	2	3	4	5	6	7	8

RISK INVENTORY Check all that apply	<input type="checkbox"/> Applicant currently resides in a shelter, or other temporary housing situation.
	<input type="checkbox"/> Household's annual income is below the Federal Poverty Line (reference FPL table): Household income: \$ _____
	<input type="checkbox"/> Applicant or other disaster-affected household member is age 55 or over.
	<input type="checkbox"/> Applicant or other disaster-affected household member has a disability.
	<input type="checkbox"/> Applicant or other disaster-affected household member has medically related needs. Specify: _____
	<input type="checkbox"/> Applicant or other disaster-affected household member is receiving or is in need of mental health intervention.
	<input type="checkbox"/> Applicant is a single female head of household with dependent children.

Are you missing relatives due to the disaster? YES NO

List the name(s) and relationship(s) of missing relatives:

IMMEDIATE UNMET NEEDS

<i>Check all that apply</i>	<input type="checkbox"/>	Housing (pending eviction, in arrears)	<input type="checkbox"/>	Food / nutrition	<input type="checkbox"/>	Employment	
	<input type="checkbox"/>	Utilities (shut-off or pending shut-off)	<input type="checkbox"/>	Medical health care	<input type="checkbox"/>	Transportation	
	<input type="checkbox"/>	Furniture, Appliances	<input type="checkbox"/>	Medication	<input type="checkbox"/>	Child care	
	<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Mental health care	<input type="checkbox"/>	Application assistance / benefits restoration	
	<input type="checkbox"/>	Other:					
	Applicant requests language, sign language, or literacy assistance. Specify language:						
	Client was provided referrals for urgent needs. <i>(See Information and Referral Form) (Enter into CAN Referral Tracking).</i>						

APPLICANT'S VERIFICATION

CATEGORIES of IMPACT	⇒ I verify that I have been affected by Hurricane Ike in the following way(s) (check all that apply):					
	<input type="checkbox"/>	I suffered physical injury directly caused as the result of the disaster or developed severe mental health issues.				
	<input type="checkbox"/>	I was displaced from my primary residence as the result of the disaster.				
	<input type="checkbox"/>	I suffered substantial or complete loss or damage to my primary residence due to the disaster.				
	<input type="checkbox"/>	I suffered the loss of household income directly related to the disaster.				
	<input type="checkbox"/>	I am grieving over the death of a loved one as a result of the disaster.				
	<input type="checkbox"/>	I am / was an emergency response or relief worker.				
<input type="checkbox"/>	I resided in a mandatory evacuation zone.					

⇓	I am currently receiving disaster case management from: <input type="checkbox"/> DHAP <input type="checkbox"/> Other Case Management Organization <input type="checkbox"/> None <input type="checkbox"/> Other: _____				
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REFERRAL SOURCE	REFERRAL (check all that apply): How was applicant referred to RISE?				
	<input type="checkbox"/> FEMA List	<input type="checkbox"/> Government Agency or Representative	<input type="checkbox"/> Self-Referral (walk-in, call-in)		
	<input type="checkbox"/> Family / Friend	<input type="checkbox"/> Other Disaster Organization	<input type="checkbox"/> Media		
	<input type="checkbox"/> Social Services Organization	<input type="checkbox"/> Information & Referral / 2-1-1	<input type="checkbox"/> Other: _____		

CERTIFICATION Required	⇒ I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete, and that I lack the financial resources necessary to complete my recovery from Hurricane Ike.					
	Applicant Name (print):					
	Applicant Signature:					
	Co-Applicant Name (print):					
	Co-Applicant Signature:					
	Intake Worker Name (print):					
	Intake Worker Signature:					

RISE Disaster Case Management Consortium
ELIGIBILITY DETERMINATION FORM
 (To be completed by authorized personnel)

Name of Applicant: _____

**** SEARCH CAN FOR APPLICANT'S INFORMATION ****

ELIGIBILITY IS ESTABLISHED WHEN ALL REQUIREMENTS BELOW ARE MET		
ELIGIBILITY		⇒ Applicant has authorized release of confidential information for your Organization, CAN, and FEMA.
		⇒ Applicant meets program requirement for Hurricane Ike disaster-related impact.
		⇒ Applicant meets program requirement for US Citizen, Lawful Permanent Resident, Alien Authorized to Work, or Other
		⇒ Applicant meets program requirement for financial need.
		⇒ Applicant is not receiving disaster case management services from DHAP or any other organization <i>confirmed</i>
DETERMINATION	ELIGIBLE Applicant meets all criteria for RISE Program eligibility. Case is OPEN .	
	<i>initial</i>	CAN files updated and printed to client file.
		RISE Agency assigned:
		Case Manager assigned:
	INELIGIBLE Applicant does not meet all criteria for RISE / Agency Program eligibility.	
	<i>initial</i>	Reason client is ineligible:
		Applicant referred to (inter-agency):
Referred within agency for alternate program (intra-agency):		
PRIORITY <i>please check one</i>	Tier 1	<i>No emergent disaster-related unmet needs identified; no items identified on risk inventory; minimal disaster-related housing issues; employed and stable.</i>
	Tier 2	<i>No emergent disaster-related unmet needs identified; 1 item identified on risk inventory; minor disaster-related housing issues; could work but delayed employment while receiving FEMA assistance.</i>
	Tier 3	<i>1 emergent disaster-related unmet need identified; 2 items identified on risk inventory; medium disaster-related housing issues; has little or no work experience.</i>
	Tier 4	<i>2 or more emergent disaster-related unmet needs identified; 3 or more items identified on risk inventory; severe disaster-related housing issues; highly dependent on public assistance/social services and/or is not employable due to age, disability, or other limiting factors.</i>

Signature of authorized RISE personnel

Date