

OHIO MEMORIAL DAY 2019 TORNADOES & SEVERE STORMS SCREENING FORM

Name of SCREENER		Date	
HOUSEHOLD INFORMATION			
Applicant Name			
Pre-disaster Address			
City	State	Zip Code	County
Mailing Address <i>if different</i>			
City	State	Zip Code	County
Email			
Best Phone Number		Best time to call	
Did applicant register with FEMA? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A		FEMA Registration #	
<input type="checkbox"/> Homeowner	Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized <small>(Sec.8, HUD)</small>		
<input type="checkbox"/> Renter	# of persons in household:	Household member age(s):	
<input type="checkbox"/> Insured <input type="checkbox"/> Uninsured <input type="checkbox"/> Underinsured	If insured	<input type="checkbox"/> Claim Filed	<input type="checkbox"/> Claim Not Filed
Notes:			

PROGRAM SERVICE CRITERIA – <i>bold indicates program requirement</i>	
<input type="checkbox"/> Impacted by tornadoes/severe storms	Notes:
<input type="checkbox"/> Within geographic area	
<input type="checkbox"/> Other – describe:	

VULNERABILITY ASSESSMENT – <i>the more indicators, the higher the level of urgency</i>	
<input type="checkbox"/> Single head of household with minors (children under 18 years of age)	<input type="checkbox"/> Household member experiencing significant emotional distress
<input type="checkbox"/> Household is isolated <input type="checkbox"/> geographically AND/OR <input type="checkbox"/> socially/culturally	<input type="checkbox"/> English is not primary language; indicate primary language:
<input type="checkbox"/> Household still recovering from previous disaster	<input type="checkbox"/> Household member over 65
<input type="checkbox"/> Household member with function & access needs	<input type="checkbox"/> Displaced from damaged residence
<input type="checkbox"/> Living in unsafe/unsanitary conditions (client-reported)	<input type="checkbox"/> Other:

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APPLICANT REPORTED URGENT NEEDS

<input type="checkbox"/>	Home Repairs	<input type="checkbox"/>	Loss of utilities / connectivity (phone, internet, etc.)
<input type="checkbox"/>	Temporary Housing	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Debris Removal	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Food / Water / Clothing (basic needs)	<input type="checkbox"/>	Other _____

REPORTED DAMAGE TO PRIMARY RESIDENCE

- AFFECTED** – residence with minimal damage to exterior and/or contents of home
- MINOR** – wide range of damage that does not affect the structural integrity of the residence
- MAJOR** – sustained significant structural damage and requires extensive repairs
- DESTROYED** – the residence is a total loss or damage is too much to be repaired

Do you have other uninsured losses? YES NO *if YES – describe*

CONTACT WITH OTHER RECOVERY AGENCIES

Are you currently working with an agency or organization for disaster assistance? YES NO

Describe -

REFERRALS

Would you like to partner with a disaster case manager to help navigate your recovery? YES NO

Would you like any referrals for additional assistance? YES NO

List referrals below -

- 1.
- 2.
- 3.

SCREENER - Indicate **AGENCY REFERRED TO FOR DCM** and **CONTACT** at receiving agency in this box –

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RELEASE OF CONFIDENTIAL INFORMATION ORGANIZATION

Disaster relief agencies, voluntary organizations and government agencies active in disaster recovery are committed to respecting your privacy. It is necessary at times for organizations to share personal information gained during your partnership to coordinate and provide disaster relief assistance. Therefore, your written consent to share and receive information for disaster-related services is necessary. By initialing next to each statement below, you affirm the organization can share or receive your household's information appropriately to advocate on your behalf and avoid duplication of services.

Please initial next to each statement	
	I authorize my church to share and receive my personal information, including, but not limited to, name, address, assistance received for disaster recovery, with LSS Disaster Services in order to connect me to available resources/services.
	I understand I may revoke this consent at any time by contacting LSS Disaster Services in writing.
	I have had the opportunity to ask clarifying questions.
	I understand this release will no longer be valid 90 days after the closure of the disaster recovery project.

Are there organizations with whom you would **not** want information shared? NO YES
 If YES, list below.

CLIENT AFFIRMATION

I/We affirm that my/our household lacks resources necessary to recover from this disaster and would like to partner with a disaster case manager who would assist in accessing disaster recovery resources necessary for my/our recovery.

Please sign and date below

 Client Signature

 Date

 Co-Applicant Signature

 Date