

Case Presentation

Date	Case # County	
Client	t Information;	
1.	. Household: # of adults # of dependent children # of seniors	
	Residents with a disability? \square Y / \square N Elder care issues \square Y / \square N Veteran \square Y /	ΙИ
2.	. Pre-disaster dwelling: ☐ Own ☐ Rent (check one) ☐ Stick Frame Residence	
	☐ Mobile Home ☐ Cabin ☐ Condo ☐ Apt. ☐ Duplex/O	her
3.	. Primary Residence? □ Y / □ N	
4.	. Currently living in damaged home? □ Y / □ N	
5.	. Extent of damage: □ Destroyed □ Major □ Minor	_
6.	. Have you registered with FEMA □ Y / □ N	
	Describe assistance:	_
7.	. How much of FEMA monetary award has client spent?	_
8.	. Does client need to appeal FEMA decision? \square Y $/$ \square N	
9.	. Has client applied with SBA loan? □ Y / □	
	If Yes, describe assistance	
10	0. Insurance? \square Y $/$ \square N Type: \square Homeowners \square Contents \square Renters \square Flood \square Ot	her
11.	1. Has insurance settlement been received? ☐ Y / ☐ N	
	Describe	
12.	2. Household income (percent of county median income):	
	☐ Below 30% ☐ above 30% & less than or equal to 50	%
	\square above 50% & less than or equal to 100% \square above 100%	
13.	3. Is client working with any other agencies at this time? \square Y $/$ \square N \mid If so, list:	

Is client a verified owner of the damaged property? \square Y / \square N

	Case Manager confirms that the following documentation has been verified:
	Copy of driver's license or state ID for adults
	□ Copy of deed to home or mortgage statement if owned or rental contract if renting
	□ Verification of FEMA Application (acceptance or rejection letter)
	□ Verification that FEMA grant monies spent as required by FEMA
	☐ SBA low interest loan letter (acceptance or rejection)
	□ Copy of home insurance claims and flood damage claims
	☐ Proof of utility expense during time of disaster event
	☐ Proof of all income sources for all members of household prior to disaster
	☐ Proof of disaster-caused loss of income/employment
	□ Documentation of disaster-caused damage
	Copy of damage estimate
	□ Last year's tax information (form 1040)
	□ Copy of most recent bank statement for all adults (within 60 days)
15.	Description of storm-related damage (include repair estimates, if appropriate) – be specific:
	Other needs (with estimates, if appropriate) – be specific:
	Request of this committee
	Will fulfillment of this request enable the client to be self-sustaining / close out this case? ☐ Y / ☐ N Explain:
	UNMET NEEDS COMMITTEE DETERMINATION: