

DISASTER RESPONSE

UMCOR

East Bank Storm Center
1000 Clay Street
Post Office Box 1049
Kenner, LA 70063
Ph: 504-461-0425
FAX: 504-465-9150

Client Intake Form

PDA

Parkway Presbyterian Church
6200 Camphor Street
Metairie, LA 70003
Attn: Disaster Recovery
Ph: 504-733-1644
FAX: 504-733-1647

Date: _____ Case Worker: _____ Referred by: _____
Disaster Name _____ Disaster Site Office Location: _____

Homeowner Information

Disaster-affected individuals and families need to develop a plan of recovery so that the most basic life needs are met. These include safe housing, basic household items, and emotional, spiritual, legal and financial needs. In order to assist in this plan, a caseworker must verify assistance you have already received. Information contained in this survey is protected by the Federal Privacy Act laws and must be kept completely confidential.

Homeowner Rent

1. Are you planning on returning to the area to live at your "pre Katrina" address? Yes No
2. Have you purchased other property that you are planning to live on? Yes No

Head of Household _____
First Initial Last

Spouse _____
First Initial Last

Disaster Address _____
First Initial Last

City _____ State _____ Zip _____

Home Ph: (____) _____ Work Ph: (____) _____ Cell Ph: (____) _____

Temporary Ph: (____) _____ E-mail: _____

Current Address _____
(if different) Street City State Zip

FEMA # _____ Living in FEMA Housing? Yes No

Rural Area Urban Area Suburban Area

Family Members: _____ # Adult Males _____ # Adult Females _____ # Children under 19 years of age

(Check all that apply)

- Active Military Veteran Clergy/Paid Church Staff Disabled
 Elderly Low Income Single Parent Uninsured/Underinsured
 Medical Problems _____
 Migrant/Refugee Needs Interpreter for (language) _____
 Non-U.S. Citizen (citizen of) _____

Resident Card Temporary Permanent

Need: (Check all that apply)

- Contents Removal Drywall Removal Fixture/Cabinet Removal Roofing Repairs
 Tree/Limb Removal Debris Clean-up Other _____

Power available Y/N

Water available Y/N

Insured Y/N

My signature signifies that I have read and/or understand and agree that I have given this information freely and that this information will be utilized by the UMCOR and/or PDA to assist my disaster-related needs. I understand that assistance is not guaranteed and that the case worker does not make the final determination of availability of assistance.

Signature

Date