

Dubois County Disaster Initial Intake/Assessment Form

THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM

Head of Household Last Name: _____ First Name: _____ DOB: _____

Spouse's Name: _____ DOB: _____

Address of Damaged Home: _____

Current Address: _____

Email Address: _____

Current Contact Numbers: _____

Own: _____ Rent: _____ Home Is this your Primary Residence: Yes ___ No ___ Cell Work

Landlord Name: _____ Address: _____ Phone: _____

Type of Home: Single Family ___ Duplex ___ Apartment ___

Stick built home ___ Mobile home ___ Modular home ___

Number of people in Home: Total ___ Adults: ___ Children: ___ Ages: _____

Number of: Elderly (over 65): ___ Disabled: ___ Single Parent: ___ Veteran: ___

Race of household members: White ___ Black ___ Hispanic ___ Native American ___ Asian ___ Other _____

Language spoken: _____

Insurance Coverage: Flood Ins. _____ Contents Ins. _____ Sewer Backup Ins. _____

Have you contacted agent Yes ___ No ___ Claim # _____ Settlement \$ _____

Insurance Company: _____ Agent: _____ Phone: _____

Have you applied for or received aid with any other agency/organization? _____ Whom: _____

For What: _____ Amount: _____

Damaged Home Type: Slab ___ Basement ___ Crawl Space ___ Bi-level ___ Tri-level ___

WATER DAMAGE in: Basement ___ Depth of water _____ Is basement Essential Living Space Yes ___ No ___

What type of living space: _____

Water in: Crawl space only ___ Depth of Water _____

Main living area of house ___ Depth of water _____ How many rooms affected: _____

Foundation damage _____ Furnace/AC Damage _____ Mold _____

PLEASE COMPLETE BACK OF THIS PAGE

Description of damage by client: _____

Immediate Needs:

- _____ Debris removal: From house____ From yard ____
- _____ Gutting the house (removing wet drywall, insulation, carpet, flooring, etc.)
- _____ Making repairs to your home
- _____ Roofing: Tarping _____ Repair _____ Replace _____
- _____ Housing: Temporary while your home is repaired _____ Permanent Rental _____
- _____ Agricultural Needs – Specify: _____
- _____ Pets/Livestock Yes____ No____ Describe: _____
- _____ Finding Services: Food ____ Clothing ____ Transportation ____ Medical /RXs____ Other _____
- _____ Counseling for self or family member
- _____ Help completing Insurance paperwork

By signing below, I authorize *Long Term Recovery Group (LTRG), Community Organizations Active in Disaster (COAD) or Indiana Voluntary Organizations Active in Disaster (INVOAD)* volunteers to enter my property to attempt to secure and/or mitigate my property to prevent further damage and complete work requested. I further hold these volunteers and their organizations, Dubois County and Dubois County LTRG and its members, INVOAD, the City, County and State and its' offices and employees, and all other non-profit organizations involved, harmless from any damage or injury that may occur to my property or person, self and family, in the exercise of this work.

I also give my permission for information deemed necessary for the assessment of damage and or repair of my home, person and/or property to be shared among these agencies and organizations.

Signed (Home Owner/Renter): _____

Date Signed: _____

You are not required to sign this form however the collection of as much information as possible would still be appreciated. This information provides Dubois County and the State of Indiana a clearer picture of the needs of the overall community. If you do not have unmet needs we still ask that you complete this form.

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Be sure to consult your Local Permitting Official BEFORE you start any repairs!

Return the form to: Huntingburg, Jasper or Ferdinand City Hall or mail to the same.

You can also email the form to jasonbradshaw1@outlook.com or