

LCMS Field Case Assessment Survey Form

CASE ASSESSMENT SURVEY				
Interview Date: <input type="checkbox"/> Initial Visit <input type="checkbox"/> Return Visit <input type="checkbox"/> Case closed				
Name:				
Address:				
Home Phone:			Work Phone:	
State:		Zip:	Other Contact Numbers:	
Nature of Disaster:				
Household Information				
Damage Site:				
Primary Residence: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Own <input type="checkbox"/> Rent				
Members of Household	Age	Sex	Employment Status*	Income Source**
1				
2				
3				
4				
5				
6				
7				
*Employment Status Code: EM – Employed full-time PT – Employed part-time UN – Unemployed ST – Student RE – Retired D – Disabled				
** Income Source Code: W– Employment income SS – Social Security P – Pension DI – Disability income PA – Public Assistance				
Annual Household Income: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000 – \$15,000 <input type="checkbox"/> \$15,000 – \$20,000 <input type="checkbox"/> \$20,000 – \$30,000 <input type="checkbox"/> \$30,000 – \$40,000 <input type="checkbox"/> Over \$40,000				

Other Sources of Income or Assistance:

On-Site Damage Assessment

Damaged Areas Roof Walls Windows Foundation Floors Total Loss
 Furniture Clothing Food Appliances Plumbing Water heater
 Out Buildings Estimated dollar value of losses from disaster \$ _____

Medical or Physical Needs:

Mental or Emotional Health Needs:

Spiritual Needs:

Assistance

FEMA Control #	Insurance	Red Cross	FEMA	Other
American Red Cross Case #	<input type="checkbox"/> Claim Filed	<input type="checkbox"/> Food	<input type="checkbox"/> Temp Housing	
	<input type="checkbox"/> Not Filed			
	<input type="checkbox"/> None	<input type="checkbox"/> Clothing	<input type="checkbox"/> Minor Repair	
		<input type="checkbox"/> Housing	<input type="checkbox"/> SBA Loan	
		<input type="checkbox"/> HHF	<input type="checkbox"/> IFG Grant	
		<input type="checkbox"/> Medical		
		<input type="checkbox"/> Other		
Total Received:	\$	\$	\$	\$

Unmet Needs and Household Recovery Plans:

- Recovery Status:** No Needs Require further assistance
 Mostly recovered—still some problems Partially recovered—a lot of work required
 Not begun—just like the day of the disaster Getting worse—more problems arising

On-Site Assessment Information—To Be Made on Location

Date of Visit:

Household Members Present:

Directions:

Summary of Needs:

Immediate: Health Stress Home Security Inside Clean-up Outside Clean-up
 Other:

Advocacy: Health Stress Listening Follow-up call Insurance Housing
 Referral Help with FEMA, SBA, ARC
 Other:

Construction: Rebuild Repair Labor Supplies Advice Estimate
 Other:

Unresolved Losses

Construction: Total Loss Roof Walls Floors Windows Doors
 Basement Plumbing Electrical Foundation
 Other:

Appliances: Stove Refrigerator Washer Dryer Hot water heater Furnace
 Other:

Furniture: Bed Frame Mattress Dressers Chairs Tables Couches
 Other:

Other: Auto Well Septic System Other:

Notes:

Release Information

I, _____ hereby release the information contained in this form to be provided to LCMS Disaster Response and the LCMS _____ District for the expressed and singular purpose of their efforts to meet my disaster relief needs.

Authorized Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____

Follow-Up Assessment Survey

Follow-Up Interview Date:

Return Visit

Case closed

Name:

Address:

Home Phone:

Work Phone:

State:

Zip:

Other Contact Numbers:

Household members present:

Unmet Needs:

Directions:

