

Darlington County Long-term Recovery Group (843-332-3509)

Disaster CASE MANAGEMENT INTAKE FORM

Date: _____

Hurricane Florence 2018

FEMA Application No: _____ CAN NUMBER _____

NAME: _____

ADDRESS: _____

PHONE: _____

DOB: _____ Did you apply to FEMA Yes / No Small Business Admin Loan Yes/ No

AGE: _____ Were damages caused by Hurricane Florence? Yes No

Are you or any-one in the home disable? _____

Annual Income: _____ Name of Home Insurance Company: _____

Number of people in home? _____ Are their children in the home under the age of five? _____

Do you own the home? _____ Rent _____

Type of Home: Mobile Home _____ Stick Built _____ Number of Rooms _____

Are you living in your home? _____ Do you need to move out of your home while repairs are being made? _____

What Are your unmet Needs? _____

Appliances _____ Furniture _____ Other _____

What are the damages: _____

Dates call was placed: _____ Date: _____ Date: _____ Date: _____

Comments _____

Special Note: Please submit picture of client with donation to: dcltrg@aol.com

Date Submitted: _____ Date File: _____

Client Signature: _____

DCM Signature: _____