



American Red Cross

☆ = REQUIRED FIELD

CASE	PRIMARY CLIENT First Name, Last Name ☆	EVENT TYPE ☆	EVENT DATE ☆	CAS CASE #

CLIENT INFO	ADDRESSES Number, Street	Unit/Apt.	City ☆	County/Parish ☆	State ☆	Zip ☆	CAS EVENT#
	Pre-Disaster ☆						
	Post-Disaster						Does client decline DCA? <input type="checkbox"/> YES <input type="checkbox"/> NO

CLIENT INFO	CLIENT IDENTIFICATION	CLIENT CONTACT INFO		
	ID Type ☆	<input type="checkbox"/> Driver's License <input type="checkbox"/> Government Document <input type="checkbox"/> Neighbor <input type="checkbox"/> Fire or Police <input type="checkbox"/> Letter/Utility Bill <input type="checkbox"/> Other	Primary ☆ Phone Number	Alternate Phone
	Verify ID ☆ Last 4 Digits of ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expiration MO/YR	Email Address	
	Details of I.D. Name & phone of neighbor or fire/police; Company name/date of utility bill or other mail.		Language	Client needs assistance in: <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
		Contact Notes		

CLIENT(S)	FAMILY MEMBERS	Number in Household ☆	Date of Birth ☆	Relationship ☆	HS/DMH Needed	Condition NA, I, H, M, D	Gender M, F, U, D	Race See options below	Hispanic or Latino? Y/N	Veteran Y/N	<input type="checkbox"/> Tier 1 <input type="checkbox"/> Friday Tier 1
	First Name/Last Name ☆	<input type="checkbox"/>									<input type="checkbox"/> Tier 2 <input type="checkbox"/> Friday Tier 2
	① Primary Client			Self (Primary Client)	DMH HS						<input type="checkbox"/> Tier 3 <input type="checkbox"/> Friday Tier 3
	②				DMH HS						Number of hotel rooms issued <input type="checkbox"/>
	③				DMH HS						① PROXY #
	④				DMH HS						Amount
	⑤				DMH HS						\$
	⑥				DMH HS						② PROXY #
				DMH HS						Amount	
										\$	

DWELLING	RESIDENCE IS: ☆	LIVABILITY VERIFIED BY: ☆	DWELLING INFORMATION	INSURANCE	DATE OF INTERVIEW
	<input type="checkbox"/> LIVABLE <input type="checkbox"/> NOT LIVABLE	<input type="checkbox"/> Two Red Cross Responders <input type="checkbox"/> Fire Department / EMA	CLIENT IS <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Unknown	<input type="checkbox"/> NONE	
			HOUSING NEEDS <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> None	<input type="checkbox"/> CONTENTS	
	Does client have a place to stay tonight? <input type="checkbox"/> NO <input type="checkbox"/> YES		DWELLING TYPE <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	<input type="checkbox"/> STRUCTURE	
		UTILITIES OFF: <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GAS <input type="checkbox"/> HEAT <input type="checkbox"/> WATER	<input type="checkbox"/> HAZARD	EXCEPTION APPROVER	

Client Intake Pilot Worksheet

INITIAL INTERVIEW

What are the client's disaster caused needs?

ITEMS DISTRIBUTED	1. What happened? Is everyone okay?
<input type="checkbox"/> Summary of Client Assistance	
<input type="checkbox"/> Moving Forward booklet	
<input type="checkbox"/> Recovery Guide	
<input type="checkbox"/> Client Assistance Card(s)	
<input type="checkbox"/> Comfort Kits <input type="checkbox"/> Clean-Up Kit	2. Does client have family or friends in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No Has client contacted them? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stuffed Animals <input type="checkbox"/> Blankets	3. Client was unable to retrieve: <input type="checkbox"/> ID/Wallet/Purse <input type="checkbox"/> Phone <input type="checkbox"/> Keys <input type="checkbox"/> Pets
<input type="checkbox"/> Other:	4. Client has contacted: <input type="checkbox"/> Insurance company <input type="checkbox"/> Landlord <input type="checkbox"/> Employer(s) <input type="checkbox"/> School(s)
	5. Follow-up by:

What are the client's recovery plans?

1. Where will client stay tonight?	Client Needs to Contact: <input type="checkbox"/> Insurance company <input type="checkbox"/> Caseworker (HUD, DHS, VA, etc.) <input type="checkbox"/> Landlord <input type="checkbox"/> Religious congregation <input type="checkbox"/> Family and friends Client Needs to Replace: <input type="checkbox"/> Employer(s) <input type="checkbox"/> Phone <input type="checkbox"/> School(s) <input type="checkbox"/> I.D. or Driver's License <input type="checkbox"/> Utilities to suspend service <input type="checkbox"/> Critical documents or records <input type="checkbox"/> Work tools/work clothing	Housing Tasks: <input type="checkbox"/> Begin search for temporary housing <input type="checkbox"/> Arrange for clean-up <input type="checkbox"/> Arrange for repairs <input type="checkbox"/> Find new permanent housing in the area <input type="checkbox"/> Relocate out of the area <input type="checkbox"/> Register with FEMA (DRO only)
2. Client requests assistance with applications or advocacy for:	Other:	FEMA Number (DRO only)

RECOVERY PLAN

Resilience Indicators – Select all that affect the client(s) ability to recover

<input type="checkbox"/> Client has depleted personal resources	<input type="checkbox"/> Referred to DMH or other mental health provider	<input type="checkbox"/> Recovering from previous disaster	<input type="checkbox"/> Has a Disability or Access and Functional need
<input type="checkbox"/> Client has exhausted referrals for community partner assistance, or the need cannot be addressed by referral	<input type="checkbox"/> Suffered physical Injury or has Health Services confirmed chronic health condition	<input type="checkbox"/> Primary Client is 65+ years of age	<input type="checkbox"/> Communication and/or literacy challenges
	<input type="checkbox"/> Suffered loss of income, employment	<input type="checkbox"/> Child under 3 years of age	<input type="checkbox"/> Ineligible for government assistance
		<input type="checkbox"/> Primary client is single parent of child aged 5 or under	

RESILIENCE

CLIENT CONSENT ☆

	<input type="checkbox"/> General Sharing <input type="checkbox"/> Medical <input type="checkbox"/> Government	<input type="checkbox"/> Sharing Declined	Red Cross Interviewer Affirmation ☆
REFERRED TO AGENCY	①	②	I affirm the Primary Client has been advised of information-sharing options and has given consent for the sharing indicated.
NEED TO BE MET			
			Interviewer Name _____

INFO SHARING

EVENT VERIFIED BY ☆

INITIAL INTERVIEW SITE	<input type="checkbox"/> Fire Department/Police/Emergency Management Agency <input type="checkbox"/> Two Red Cross Workers On Site	RESPONSE TIMES	Notification	Deployment	Arrival	Departure
	<input type="checkbox"/> Home Visit <input type="checkbox"/> DAT Response <input type="checkbox"/> Outreach Contact <input type="checkbox"/> Office Contact <input type="checkbox"/> Hospital <input type="checkbox"/> Shelter <input type="checkbox"/> Service Center <input type="checkbox"/> Emergency Aid Stn <input type="checkbox"/> Partner Site <input type="checkbox"/> Other	OTHER RESPONDER				

EVENT