

Client ID _____

Name of Screener	Date
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HOUSEHOLD INFORMATION			
Applicant First Name	Last Name		
Pre-disaster Address			
City	State	Zip Code	County
Mailing Address (if different)			
City	State	Zip Code	County
Email			
Best Phone Number		Best Time to call	
Did applicant register with FEMA? <input type="checkbox"/> NO <input type="checkbox"/> YES FEMA #			
<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter	Type of home: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized (Sec. 8 / HUD)		

PROGRAM SERVICE CRITERIA	
<input type="checkbox"/> Disaster Impacted	<input type="checkbox"/>
<input type="checkbox"/> Within geographic service area	<input type="checkbox"/>
RISK ASSESSMENT	
<input type="checkbox"/> Household with children under 18	<input type="checkbox"/> Household with members over 65
<input type="checkbox"/> Living in unsafe conditions (client reported)	<input type="checkbox"/> Recovering from previous disaster
<input type="checkbox"/> Household with functional and access needs	<input type="checkbox"/> Household experienced loss of income
<input type="checkbox"/> Household is displaced	<input type="checkbox"/> Isolated geographically, socially or culturally
<input type="checkbox"/> Damage to residence is under/uninsured	<input type="checkbox"/> Household experiencing significant distress
<input type="checkbox"/> English not primary language: indicate primary language	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

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APPLICANT REPORTED NEEDS			
<input type="checkbox"/>	Home Repair	<input type="checkbox"/>	Loss of utilities / connectivity
<input type="checkbox"/>	Temporary Housing	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Debris Removal	<input type="checkbox"/>	Other
<input type="checkbox"/>	Food / Water / Clothing (basic needs)	<input type="checkbox"/>	Other

REPORTED DAMAGE TO PRIMARY RESIDENCE	
<input type="checkbox"/>	AFFECTED – residence with minimal damage to exterior and/or contents of home
<input type="checkbox"/>	MINOR – wide range of damage that does not affect the structural integrity of the residence
<input type="checkbox"/>	MAJOR – sustained significant structural damage and requires extensive repairs
<input type="checkbox"/>	DESTROYED – the residence is a total loss or damage is too much to be repaired

Are there other uninsured losses (non-structural)? ☐ YES ☐ NO *If YES, please describe*

CONTACT WITH OTHER RECOVERY AGENCIES	
Are you currently working with an agency or organization for disaster assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Describe –	

REFERRALS	
Applicant was referred to screening agency by:	
Would you like to partner with a disaster case manager to help navigate your recovery? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you like any referrals for additional assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Referrals made:	

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