



Rio Texas Conference Disaster Response

riotexasresponse.org

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"/>	
<input type="checkbox"/>	MINOR – wide range of damage that does not affect the structural integrity of the residence	<input type="checkbox"/>	
<input type="checkbox"/>	MAJOR – sustained significant structural damage and requires extensive repairs	<input type="checkbox"/>	
<input type="checkbox"/>	DESTROYED – the residence is a total loss or damage is too much to be repaired	<input type="checkbox"/>	

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:
Conference United Methodist Church 16400 Huebner Road San Antonio, Texas 78248 210-408-4500 riorexasresponse.org