

**NEW HAMPSHIRE DISASTER 2020  
In-Take/Assessment Form**

DED In-Take Specialist: \_\_\_\_\_

Date of Damage: \_\_\_\_\_

Type of Disaster: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Layoffs (please circle): Yes / No

Estimated Damage: \_\_\_\_\_

Date of First Contact: \_\_\_\_\_

**Operations Questions:**

**How is the business feeling any impact from the spread of COVID-19?**

- Postponing or canceling meetings with overseas clients or suppliers*
- Postponing hiring*
- Contemplating layoffs*
- Restricted/banned international travel for sales staff, including trade shows*
- Experiencing delays in shipping*
- Supply chain disruptions*
- Shutdown or curtailed operations in affected countries*
- Employees can work remotely*
- Reductions in sales*

**Is the business making plans to reduce workforce or limit hours for workers?**

- No changes planned at this time**

- Have already reduced workforce
- Planning to reduce workforce
- Have already limited hours for workers
- Planning to reduce hours

**Is the business extending remote work policies to employees?**

- Yes
- No

**Does the company have continuation of operations plan, or something similar?**

- Yes
- No

*If yes, have they initiated that plan?*

- Yes
- No

**Can the company demonstrate a financial hardship at this point due to COVID-19?**

- Yes
- No

Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up: \_\_\_\_\_  
\_\_\_\_\_  
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