

**Screen:**  
*To gather minimal information necessary to identify urgency of need and to direct appropriate services*

File # \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Title: Mr. Ms. Mrs. Other \_\_\_\_\_

Suffix \_\_\_\_\_ Nickname \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth:(mm/dd/year) \_\_\_\_\_

**General Information**

|   |  |                      |  |        |           |
|---|--|----------------------|--|--------|-----------|
| <b>Date of Screen:</b>                        |  | <b>Screens name:</b> |  |        |           |
| <b>Contact initiated by: (check one)</b>      |  | Client               |  | SCLTRC | Other     |
| <b>Survivor referred by:</b>                  |  | FEMA                 |  | SCLTRC | other     |
| <b>Client Phone:</b>                          |  | cell                 |  |        | secondary |
| <b>Pre-disaster Address:</b>                  |  |                      |  |        |           |
| <b>Post -Disaster Address: (if different)</b> |  |                      |  |        |           |

**Primary Residence: Damage, Insurance, FEMA grants, SBA Loans**

(Check selection in each category)

|                      |      |       |  |                                |  |
|----------------------|------|-------|--|--------------------------------|--|
| <b>1. Ownership:</b> | Own: | Rent: |  | <b>2. Number in household:</b> |  |
|----------------------|------|-------|--|--------------------------------|--|

**3. Describe your PRE-DISASTER DWELLING**

|               |             |                |     |        |       |     |
|---------------|-------------|----------------|-----|--------|-------|-----|
| Single Family | Mobile Home | Condo/townhome | Apt | duplex | other | N/A |
|---------------|-------------|----------------|-----|--------|-------|-----|

|   |            |        |        |  |
|---|------------|--------|--------|--|
| <b>4. What level of Damage did your primary residence suffer:</b> | Destroyed: | Major: | Minor: |  |
|---|------------|--------|--------|--|

|                                       |    |                |  |
|---------------------------------------|----|----------------|--|
| <b>4a. Did you have other losses:</b> | no | Yes (describe) |  |
|---------------------------------------|----|----------------|--|

|                                   |      |     |  |
|-----------------------------------|------|-----|--|
| <b>5. Did you Have Insurance:</b> | Yes: | No: |  |
|-----------------------------------|------|-----|--|

|  |  |
|--|--|
| <b>6. If yes what type(s) of insurance did you have?</b> |  |
|--|--|

|            |           |          |         |       |      |      |  |
|------------|-----------|----------|---------|-------|------|------|--|
| Homeowners | Structure | Contents | renters | flood | wind | NFIP |  |
|------------|-----------|----------|---------|-------|------|------|--|

|   |  |
|---|--|
| <b>6a. If you have insurance, has insurance settlement been received?</b> |  |
|---|--|

|  |    |     |            |                    |
|--|----|-----|------------|--------------------|
|  | No | Yes | Amount: \$ | Funds remaining \$ |
|--|----|-----|------------|--------------------|

|                                       |    |     |            |                    |
|---------------------------------------|----|-----|------------|--------------------|
| <b>Did you receive FEMA grant(s)?</b> | No | Yes | Amount: \$ | Funds remaining \$ |
|---------------------------------------|----|-----|------------|--------------------|

|                                     |    |     |            |                    |
|-------------------------------------|----|-----|------------|--------------------|
| <b>Did you receive an SBA loan?</b> | No | Yes | Amount: \$ | Funds remaining \$ |
|-------------------------------------|----|-----|------------|--------------------|

|   |    |     |  |
|---|----|-----|--|
| <b>7. Are you working with any other agencies on your recovery?</b> | No | Yes |  |
|---|----|-----|--|

|                         |                        |    |     |
|-------------------------|------------------------|----|-----|
| <b>7a. Agency name:</b> | Case Manager assigned: | no | yes |
|-------------------------|------------------------|----|-----|

**Health and Well being**

|  |    |     |
|--|----|-----|
| <b>8. Were you injured or has your health been affected by the disaster:</b> | no | Yes |
|--|----|-----|

|   |    |     |
|---|----|-----|
| <b>8a. If yes, are you still receiving treatment or do you have a need for treatment for those disaster caused injuries or illnesses:</b> | no | Yes |
|---|----|-----|

|  |    |     |
|--|----|-----|
| <b>9. Is a member of your family deceased as a result of this disaster</b> | no | Yes |
|--|----|-----|

|   |    |     |
|---|----|-----|
| <b>10. Client was referred to either physical health and or mental health services:</b> | no | Yes |
|---|----|-----|