



## SECTION 1: HOUSEHOLD PROFILE

<b>Applicant's Last Name</b>		<b>First Name</b>		<b>Initial</b>	
<b>Nickname</b>		<b>Age (years)</b>	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>Employment Status</b> (codes below)
<b>Address at time of the Disaster (Street Address/Legal Property Description)</b>					
<i>Apt# &amp; Street Address</i>		<i>Community</i>		<i>Province</i>	<i>Postal Code</i>
<b>Mailing Address (if Different from Above)</b>					
		<i>Community</i>		<i>Province</i>	<i>Postal Code</i>
<b>Current Address (if applicable): (check one) <input type="checkbox"/> hotel/motel <input type="checkbox"/> family/friends <input type="checkbox"/> other</b>					
<i>Apt# &amp; Street Address</i>		<i>Community</i>		<i>Province</i>	<i>Postal Code</i>
<b>New Post-Disaster Address (if Different)</b>					
<i>Apt# &amp; Street Address</i>		<i>Community</i>		<i>Province</i>	<i>Postal Code</i>
<b>Contact Information:</b>					
<b>Current Phone:</b> (   )		<b>Work Phone:</b> (   )		<b>Cell/Other Phone:</b> (   )	
<b>E-mail address:</b>			<b>Other:</b>		

### Additional Household Members living at your address at time of DISASTER

Last Name	First Name	Initial	Age (yrs)	Applicant Relationship (spouse/ son/daughter, etc.)	Employment Status (codes below)

Work Codes

EM	Employed	RE	Retired	DI	Disabled	FT	Full Time
UN	Unemployed	ST	Student	DE	Dependent	PT	Part Time

**SECTION 2: HOUSEHOLD CAPACITY ASSESSMENT**

**A. HOUSEHOLD IMPACT ASSESSMENT:**

Will the cost of your recovery have an impact on your access to basic needs (e.g., food, clothing, shelter)? No  Yes

If yes, describe: \_\_\_\_\_

Will the cost of your recovery affect your ability to meet monthly financial commitments (e.g., mortgage, rent, vehicle payments, student loans)? No  Yes

If yes, describe debts: \_\_\_\_\_

Was there a loss of income to your household as a result of the disaster? No  Yes

If yes:

<b>Cause of Income Loss:</b>	
<input type="checkbox"/>	Employer was evacuated
<input type="checkbox"/>	I was laid off by employer as a result of the disaster
<input type="checkbox"/>	I am self-employed and the business was impacted by the disaster
<input type="checkbox"/>	I had to stop work to protect: home <input type="checkbox"/> business <input type="checkbox"/> farm <input type="checkbox"/> family <input type="checkbox"/>
<input type="checkbox"/>	I was injured during the disaster
<input type="checkbox"/>	I was injured while officially volunteering during the disaster response
<input type="checkbox"/>	Other (please describe): _____
<b>Period of Income Loss:</b>	
How many workdays were you not paid for?	_____
Number of hours typically worked in a day	_____
Dates of the income loss:	_____ to _____
Documentation on income loss provided?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you eligible for or in receipt of Employment Insurance?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, commencement date: _____	
Are you eligible for or in receipt of other assistance?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, explain: (e.g., social assistance/insurance) _____	

## **2. HOUSEHOLD CAPACITY ASSESSMENT (Continued)**

### **B. CAPACITY ASSESSMENT - FINANCIAL**

Did your household income change as a result of the disaster? No  Yes

If yes, has the lost income returned to normal? No  Yes

If no, when is it estimated to return to normal? \_\_\_\_\_

What was the pre-disaster income of the household? Actual \$ \_\_\_\_\_ OR

<\$25,000  \$25,001-\$50,000  \$50,001-\$75,000  \$75,001-\$100,000  >\$100,001

What is your current household income? Actual \$ \_\_\_\_\_ OR

<\$25,000  \$25,001-\$50,000  \$50,001-\$75,000  \$75,001-\$100,000  >\$100,001

Documentation on pre-disaster household income provided? No  Yes

Can your household contribute to the costs of rebuilding/replacing your home and belongings?

Financially No  Yes  Labour No  Yes

If yes, describe: \_\_\_\_\_

Does your household have access to other funds to assist in your recovery (e.g., borrowing capacity, RRSPs, bonds, personal insurance, employment insurance)? No  Yes

If yes, Type of Other Funds: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Expected commencement date, if applicable: \_\_\_\_\_

### **C. CAPACITY ASSESSMENT – OTHER:**

**Describe what other ways your household can help yourselves or others with recovery?**

Special Skills: \_\_\_\_\_ Special Trades: \_\_\_\_\_

Special Training: \_\_\_\_\_

Equipment: \_\_\_\_\_ Tools: \_\_\_\_\_

Personal Interests: \_\_\_\_\_

Other: \_\_\_\_\_

**SECTION 3: RECOVERY NEEDS**

**A. EVACUATION (Disaster Response):**

1. Were you evacuated from your home? No  Yes

If yes, what dates were you out of your home? From \_\_\_\_\_ To \_\_\_\_\_

2. Are you currently evacuated from your home? No  Yes

3. Are you receiving Emergency Social Services (ESS) support? No  Yes

If yes, ESS File #: \_\_\_\_\_

Provide Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. IMMEDIATE RECOVERY NEEDS:**

What are the household's recovery priorities, using the below codes?

**Recovery Priority Codes:**

1 = immediate or emergency need

2 = need is urgent but not an emergency

3 = needed within a month

4 = need is uncertain; act if desirable

5 = act whenever there is time or resources

<p><b>1. HEALTH:</b></p> <p>_____ Medical</p> <p>_____ Counseling</p> <p>_____ Special Needs</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>2. HOUSING:</b></p> <p>_____ Temporary</p> <p>_____ Permanent</p> <p>_____ Clean-up</p> <p>_____ Rebuild/Construct</p> <p>_____ Household Needs</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>3. OTHER:</b></p> <p>_____ Food</p> <p>_____ Clothing</p> <p>_____ Transportation</p> <p>_____ Child Care</p> <p>_____ Animal/Pet Care</p> <p>_____ Schooling</p> <p>_____ Employment/Livelihood</p> <p>_____ Farm/Ranch Business</p> <p>_____</p> <p>_____</p>
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Detailed information is to be provided in the following sections as pertinent to each household's specific needs.

**3.B.1 IMMEDIATE RECOVERY NEEDS – HEALTH**

**ARE YOU SEEKING HEALTH ASSISTANCE?** No  YES  If yes,

**a) Do you have Medical Insurance?** No  Yes  If yes, provide the following, if known:

<p><b>BC Medical Services Plan:</b> Care Card # _____ Group # _____</p> <p>Are all members of the identified household covered: No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If no, identify members covered: _____</p>
<p><b>AND/OR Name of Insurance Company:</b> _____</p> <p>Policy #: _____ Group #: _____</p> <p>Are all members of the identified household covered: No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If no, identify members covered: _____</p>

**b) Medical Assistance:**

<p>Family doctor's name: _____ Doctor's telephone # _____</p> <p>Do you need help in finding a doctor closer to where you are now living? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, provide the new location _____</p>
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**c) Health Service:** *(complete as many as applicable)*

<p><b>i) Were you receiving regular <b>services from a Health Authority</b> prior to the disaster?</b> (e.g., Home Nursing, Home Support, Mental Health, Physiotherapy, Occupational Therapy, Speech &amp; Language Therapy)</p> <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, describe: _____</p>
<p><b>ii) Do you have a <b>child with special needs</b> in your home?</b></p> <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, describe: _____</p>
<p><b>iii) Do you have an <b>adult with special needs</b> in your home?</b></p> <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, describe: _____</p> <p>Can you provide documentation? No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>iv) Do you or someone in your household require <b>supportive counseling</b>?</b> (e.g., services to people with a mental illness/psychological services/emotional support/spiritual support/victim services)</p> <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, describe: _____</p>
<p><b>v) Will any <b>adaptations, home modifications, or assistive devices</b> need replacing?</b> (e.g., ramps, wheelchairs, walkers, bathroom bars, raised furniture, car modifications)</p> <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, describe: _____</p>
<p><b>vi) Describe <b>other health needs</b> (e.g., medication, dentures, eyeglasses):</b></p> <p>_____</p>

**3.B.2 IMMEDIATE RECOVERY NEEDS - HOUSING (PRESENT/FUTURE)**

**DO YOU REQUIRE ASSISTANCE WITH HOUSING?** No  Yes  If yes,

**a) Do you have renter/home owner INSURANCE to cover your loss?** No  Unsure

Yes, Completely  Yes, Partially  If yes, provide the following, if known:

Name of Insurance Company:	Policy #:
Agent's Name:	Agent's Phone:
If <b>partial coverage</b> , please describe: _____	
For this disaster, have you received emergency financial assistance from your insurance company? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, the amount: \$ _____	
What did it cover? _____	
What is not covered under your rental/homeowner insurance? _____	

**b) Housing Assistance**

Is assistance required in finding temporary rental accommodation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is alternative housing needed pending repair/replacement of permanent residence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Because of the disaster, do you require financial assistance with housing?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Additional Information: _____		

**c) Information on Applicant's Residence**

Is the damaged or destroyed dwelling your primary residence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you own the land the dwelling is built on?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you own or rent the dwelling?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>
If you rent, does the landlord supply the furnishings?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
What is the monthly rent/mortgage payment? \$ _____; and monthly utility costs? \$ _____		
<u>Type of Dwelling:</u>		
House <input type="checkbox"/> Mobile home <input type="checkbox"/> Apartment <input type="checkbox"/> Suite <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/>		
Other <input type="checkbox"/> - Describe: _____		

**3.B.2 IMMEDIATE RECOVERY NEEDS - HOUSING (Continued)**

**d) Primary Residence Damage Classification** **Check (✓) One Applicable Box**

Destroyed	Home is beyond repair	<input type="checkbox"/>
Major Damage	Family will have to move out while repairs are made	<input type="checkbox"/>
Minor Damage	Family can live in the home while repairs are made	<input type="checkbox"/>
No Damage	Home was not effected by the disaster	<input type="checkbox"/>
Condition Unknown	Not able to assess damage at this time	<input type="checkbox"/>

**e) Damage to Primary Residence** **Check (✓) Applicable Box**

Smoke Damage	Total <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>
Water Damage	Total <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>
Other Structural Damage	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other Non-Structural Damage	No <input type="checkbox"/> Yes <input type="checkbox"/>
Describe the damage/loss: _____	
Do you require assistance with clean-up and debris removal? No <input type="checkbox"/> Yes <input type="checkbox"/>	

**f) Construction Need (home owners only):** **Check (✓) all that apply**

<input type="checkbox"/> Minor Repair	<input type="checkbox"/> Major Repair	<input type="checkbox"/> Total Rebuild	<input type="checkbox"/> Temporary Repair
<input type="checkbox"/> Materials/Supplies	<input type="checkbox"/> Equipment/Tools	<input type="checkbox"/> Labour	<input type="checkbox"/> Advice/Estimate
Brief Explanation: _____			

**g) Loss/Damage of Structure and Appliances (if owned)** **Check (✓) all that apply**

Structure	Appliances	Other
<input type="checkbox"/> <b>Total Loss</b> (if dwelling was destroyed)	<b>Oil:</b> <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Furnace	<input type="checkbox"/> Oil Tank
<input type="checkbox"/> Roof <input type="checkbox"/> Foundation <input type="checkbox"/> Doors/Windows <input type="checkbox"/> Basement <input type="checkbox"/> Floors/Flooring <input type="checkbox"/> Chimney <input type="checkbox"/> Walls/Ceilings <input type="checkbox"/> Outbuildings	<b>Gas:</b> <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Furnace <input type="checkbox"/> Stove <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	<input type="checkbox"/> Wood Stove <input type="checkbox"/> Pellet Stove
<input type="checkbox"/> Electrical <input type="checkbox"/> Septic System <input type="checkbox"/> Plumbing <input type="checkbox"/> Water Well	<b>Electric:</b> <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Furnace <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	<input type="checkbox"/> Freezer <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Other: explain _____ _____



**3.B.2 IMMEDIATE RECOVERY NEEDS - HOUSING (Continued)**

**h) Loss/Damage of Owned Household Items:**

Household Item	Check (✓) Applicable Box	Additional Information
<b>Kitchen</b>		
Furniture	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Small Appliances	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Cooking/Eating Utensils	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Other	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Bath Room</b>		
Towels	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Small Appliances	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Other	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Living Room</b>		
Furniture	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Electronics	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Other	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Bedroom - # of rooms = _____</b> (only for eligible family members occupying them as their usual place of sleep)		
Furniture	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Bedding/Pillows	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Small Appliances	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Electronics	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Other	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Infant/Children's Needs</b>		
Furniture	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Small Appliances	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Toys	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Car Seat	No <input type="checkbox"/> Yes <input type="checkbox"/>	

### **3.B.3 IMMEDIATE RECOVERY NEEDS - OTHER**

#### **a) FOOD:**

**Are you seeking assistance with food?** No  Yes

**If yes:** Was the household food lost in the disaster? No  Yes

Identify need for assistance with groceries/special food, for:

# \_\_\_ Adults      # \_\_\_ Teens (13-18 yrs)      # \_\_\_ School Children (6 yrs+)

# \_\_\_ Pre-school Children (3-5 yrs)      # \_\_\_ Toddlers/Infants (0-2 yrs)

Describe food needs: \_\_\_\_\_  
\_\_\_\_\_

#### **b) CLOTHING:**

**Are you seeking assistance with clothing?** No  Yes

**If yes:** Was your clothing lost in the disaster? No  Yes

Was clothing provided to you after you were evacuated? No  Yes

If yes, what was provided and to whom?

\_\_\_\_\_  
\_\_\_\_\_

Identify need for clothing and/or special requirements (e.g., winter outerwear), for:

# \_\_\_ Adults      # \_\_\_ Teens (13-18 yrs)      # \_\_\_ School Children (6 yrs+)

# \_\_\_ Pre-school Children (3-5 yrs)      # \_\_\_ Toddlers/Infants (0-2 yrs)

Describe clothing needs: \_\_\_\_\_  
\_\_\_\_\_

#### **c) TRANSPORTATION:**

**Do you require assistance with transportation?** No  Yes

**If yes:** Describe what kind of assistance do you require:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.B.3 IMMEDIATE RECOVERY NEEDS - OTHER (CONTINUED)**

**d) CHILD CARE:**

**Do you require assistance with child care?** No  Yes

**If yes:** Did you have child care before the disaster? No  Yes

Identify need for child care:

# \_\_\_\_ Toddlers/Infants ( 0-2 years old)  full-time care  part-time care

# \_\_\_\_ Pre-school Children (3-5 years old)  full-time care  part-time care

# \_\_\_\_ School Children (6 years+)

Describe child care needs: \_\_\_\_\_

**e) ANIMAL/PET CARE:**

**Do you require assistance with animal / pet care?** No  Yes

**If yes:** Identify type of animals (e.g., livestock) and how many:

\_\_\_\_\_

Identify type of pets (e.g., dogs, cats, birds) and how many:

\_\_\_\_\_

Describe special needs of animals/pets, if appropriate: \_\_\_\_\_

\_\_\_\_\_

**f) SCHOOLING:**

**Do you require assistance with schooling?** No  Yes

**If yes:** Was the community school affected by the disaster? No  Yes

Describe schooling needs (e.g., access to new school, books, school fees, equipment):

\_\_\_\_\_

**g) EMPLOYMENT/LIVELIHOOD:**

**Do you require assistance to gain employment?** No  Yes

**If yes:** Was your place of employment affected by the disaster? No  Yes

If yes, how: \_\_\_\_\_

How many members of the household were affected: \_\_\_\_\_

Describe needs required to return to work (e.g., work clothes/uniforms, supplies, tools)

\_\_\_\_\_

**3.B.3 IMMEDIATE RECOVERY NEEDS - OTHER (CONTINUED)**

**h) FARM/RANCH BUSINESS:**

Did you suffer a loss to a farm/ranch business?      No       Yes

Do you qualify for the Farm Tax Credit from Canada Revenue Agency?      No       Yes

**Please describe your loss in terms of:**

Income due to crop or equipment loss:

Income due to livestock injured or destroyed in the disaster:

Feed for livestock, damaged fencing, unusable grazing areas, equipment loss:

Other losses related to farm or ranch income:

## SECTION 4: RECOVERY PLANS

### A. Current Status of the Household:

Check (✓) One  
Appropriate Box

Completely Recovered	
Mostly Recovered –still have some problems	
Partially Recovered – still have a lot of work to do	
Not Begun – just like the day of the disaster.	
Getting Worse – more problems since disaster.	

### B. Recovery Plans:

Clean-up to date: \_\_\_\_\_  
\_\_\_\_\_

Repairs to date: \_\_\_\_\_  
\_\_\_\_\_

Have you received any assistance or supplies to date?      No       Yes

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Short-term (0 – 90 days) recovery plans: \_\_\_\_\_  
\_\_\_\_\_

Long-term (90+ days) recovery plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5: INTERVIEWERS' COMMENTS**

Date	Comments	Interviewer's Name (print)

CONFIDENTIAL

**SECTION 6: RECOMMENDED ASSISTANCE**

*To be completed as assigned by the Community Recovery Organization.*

**Referrals:**

Date	Agency Referred to	For What	Referred by (print)

CONFIDENTIAL