



Celebrating 50 years of Community Action • 1968-2018

413 North State Street
Ukiah, CA 95482
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Fax (707) 462-0191

www.ncoinc.org

Please return forms by e-mail to:

poday@ncoinc.org

Completed forms may also be faxed to

NCOs main office:

(707) 462-0191

Mail to:

North Coast Opportunities

P.O. Box 3272

Clearlake CA 95422

Call for Appointment or drop off forms:

Long Term Fire Recovery Office

14531 Pearl Street

Clearlake CA 95422

(707) 994-2910

Or you may contact North Coast Opportunities main office in Ukiah:

(707) 467-3200

You may visit our website to learn more:

<https://www.ncoinc.org/disaster-recovery/lake-county/>

We invest in people through community action.



INTAKE to assist workers in obtaining essential information necessary to refer for disaster case management and or other services requested by the Head of Household.

CAN Client ID _____

NAME (First, Middle, Last) _____

TITLE Mr. Ms. Mrs. Other _____

SUFFIX _____ **NICKNAME OR OTHER NAME:** _____

GENDER MALE FEMALE OTHER **DATE OF BIRTH** (MM/DD/YEAR) _____

FEMA #: **DR #:**

How was the client referred?

Contact initiated by Applicant Organization **Date of initial intake:** (mm/dd/yr)

Location of intake interview Applicant's Residence Organization Phone Other

CONTACT INFORMATION (current at time of intake)

Best time to contact
Best Phone #
Other phone
E-mail
Co-Applicant / Alternate / Emergency Contact Name
Co-Applicant / Alternate / Emergency Contact Phone #
Co-Applicant / Alternate / Emergency Relationship to Applicant
Alternate will serve as Proxy *Applicant Signature:*

Same as pre-disaster address **CURRENT (POST-DISASTER) ADDRESS** (current at time of intake) **Verification obtained¹**

Address #1 (#, street)
Address #2 (apt #, rm #, other)
City, State, Zip
Mailing Address (if different)

Applicant currently resides in a disaster shelter. YES NO

Applicant currently resides in other temporary housing. YES NO

Applicant currently resides at permanent address. YES NO
("Permanent" refers to a living situation that is not temporary or transitional and can refer to a house, apartment, trailer, or other.)

HOUSEHOLD RESIDENTS (HOUSEHOLD COMPOSITION²)

Number of Adults	Number of children (age 18 and under)	TOTAL
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ORGANIZATION INFORMATION

¹ Verification fields are for tracking purposes only. **Verification is not required at time of intake.**
² See **HOUSEHOLD TOOL** for detailed information about Household Composition.

Relevant information for all INTAKE FORM fields is documented in CASE NOTES	Client ID _____
NAME (First, Middle, Last) _____	

CURRENT LIVING SITUATION / POST-DISASTER		Verification obtained ³
Applicant's current residence is best described as: (check all that apply)		
<input type="checkbox"/> A residence that is <input type="checkbox"/> OWNED or <input type="checkbox"/> CO-OWNED by the applicant		<input type="checkbox"/>
<input type="checkbox"/> Applicant RENTS <input type="checkbox"/> current residence <input type="checkbox"/> lot		<input type="checkbox"/>
<input type="checkbox"/> A residence belonging to FAMILY OR FRIENDS <input type="checkbox"/> Applicant SHARES EXPENSES		<input type="checkbox"/>
<input type="checkbox"/> TRANSITIONAL HOUSING (e.g., half-way house, group home, rehab residence, community shelter)		<input type="checkbox"/>
<input type="checkbox"/> PUBLIC HOUSING subsidized by: <input type="checkbox"/> HUD (Section 8, grant, loan, other) <input type="checkbox"/> USDA <input type="checkbox"/> Other:		<input type="checkbox"/>
<input type="checkbox"/> A LONG-TERM CARE RESIDENCE, such as a nursing home or assisted living residence		<input type="checkbox"/>
<input type="checkbox"/> A HOTEL OR MOTEL (not covered by FEMA housing assistance)		<input type="checkbox"/>
<input type="checkbox"/> UNSHELTERED (a place not meant for public habitation; homeless)		<input type="checkbox"/>
<input type="checkbox"/> FEMA Temporary Housing <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Trailer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other:		<input type="checkbox"/>
<input type="checkbox"/> OTHER: (explain):		<input type="checkbox"/>

If same as current address, check <input type="checkbox"/> and continue to next section	PRE-DISASTER ADDRESS	Verification obtained <input type="checkbox"/>
Applicant's primary residence was physically located at:		
Address #1 (#, street)		
Address #2 (apt #, rm #, other)		
City, State, Zip		
County / Parish		
Mailing Address (if different)		

PRE-DISASTER LIVING SITUATION		
Number of Adults #_____ and Children #_____ residing in pre-disaster residence	TOTAL	#
Applicant's pre-disaster residence is best described as: (check all that apply)		Verification obtained
<input type="checkbox"/> A residence that is <input type="checkbox"/> OWNED or <input type="checkbox"/> CO-OWNED by the applicant		<input type="checkbox"/>
<input type="checkbox"/> Applicant RENTED <input type="checkbox"/> pre-disaster residence <input type="checkbox"/> lot <input type="checkbox"/> paid condo fees		<input type="checkbox"/>
<input type="checkbox"/> A residence belonging to FAMILY OR FRIENDS <input type="checkbox"/> Applicant SHARED EXPENSES		<input type="checkbox"/>
<input type="checkbox"/> TRANSITIONAL HOUSING (e.g., half-way house, group home, rehab residence, community shelter)		<input type="checkbox"/>
<input type="checkbox"/> PUBLIC HOUSING subsidized by: <input type="checkbox"/> HUD (Section 8, grant, loan, other) <input type="checkbox"/> USDA <input type="checkbox"/> Other:		<input type="checkbox"/>
<input type="checkbox"/> A LONG-TERM CARE RESIDENCE, such as a nursing home or assisted living residence		<input type="checkbox"/>
<input type="checkbox"/> A HOTEL OR MOTEL (not covered by FEMA housing assistance)		<input type="checkbox"/>
<input type="checkbox"/> UNSHELTERED (a place not meant for human habitation; homeless)		<input type="checkbox"/>
<input type="checkbox"/> FEMA Temporary Housing <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Trailer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other:		<input type="checkbox"/>
<input type="checkbox"/> OTHER: (explain):		<input type="checkbox"/>

³ Verification fields are for tracking purposes only. **Verification is not required at time of intake.**

Relevant information for all **INTAKE FORM** fields is documented in CASE NOTES

Client ID _____

NAME (First, Middle, Last) _____

IMPACT OF DISASTER Applicant or member of the applicant's household was affected by the disaster in the following way(s) <i>(check all that apply)</i>		Verification obtained ⁴
<input type="checkbox"/> Household member(s) evacuated from disaster zone.		<input type="checkbox"/>
<input type="checkbox"/> Household member(s) suffered physical injury.		<input type="checkbox"/>
<input type="checkbox"/> Household member(s) developed emotional health issues.		<input type="checkbox"/>
<input type="checkbox"/> Household suffered loss of income.		<input type="checkbox"/>
<input type="checkbox"/> Household member(s) suffered loss of employment.		<input type="checkbox"/>
<input type="checkbox"/> Household suffered damage to primary residence.		<input type="checkbox"/>
<input type="checkbox"/> Household member(s) suffered death of loved one(s) / relation(s).		<input type="checkbox"/>
<input type="checkbox"/> Household member(s) or relation(s) missing.		<input type="checkbox"/>
<input type="checkbox"/> Household has lost access to financial resources.		<input type="checkbox"/>
<input type="checkbox"/> Household member is/was disaster responder.		<input type="checkbox"/>
RISK ASSESSMENT Applicant or member of the applicant's household is currently experiencing one or more of the following: <i>(check all that apply; BOLD indicates a HWB priority trigger)</i>		
<input type="checkbox"/> Medically-related needs	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Unable to access healthcare
<input type="checkbox"/> Head of Household is aged 65 or older	<input type="checkbox"/> and is in need of advocacy	
<input type="checkbox"/> Single Head of Household	<input type="checkbox"/> Household includes children under age 5	<input type="checkbox"/> Household includes children under age 18
<input type="checkbox"/> Individual / Family / Household is isolated	<input type="checkbox"/> geographically	<input type="checkbox"/> socially or culturally
<input type="checkbox"/> Household has limited access to information and resources		
<input type="checkbox"/> Household has limited access to transportation		
<input type="checkbox"/> Household is reliant on public services which have been impaired by the disaster		
<input type="checkbox"/> Household suffered damage to primary residence AND is under-insured or uninsured		
<input type="checkbox"/> Household income is below subsistence levels	<i>(Household has limited financial resources to meet basic needs)</i>	
<input type="checkbox"/> Household is still in process of recovering from previous disaster		
<input type="checkbox"/> Household reports having experienced contractor fraud or related issues		
<input type="checkbox"/> Household member has a disability	<input type="checkbox"/> and is in need of advocacy	
<input type="checkbox"/> Household member is experiencing significant emotional distress		
<input type="checkbox"/> Household has urgent basic needs for:	<input type="checkbox"/> food <input type="checkbox"/> shelter <input type="checkbox"/> clothing <input type="checkbox"/> medical care <input type="checkbox"/> other	
LANGUAGE AND LITERACY <input type="checkbox"/> <i>Interpretation needed</i>		
<input type="checkbox"/> Applicant does not speak English	<input type="checkbox"/> Able to read and write in English	
<input type="checkbox"/> Preferred language is:	<input type="checkbox"/> Able to read and write in preferred language	

⁴ Verification fields are for tracking purposes only. **Verification is not required at time of intake.**

Program requirements are determined by the Organization ◇	Client ID _____ NAME (First, Middle, Last) _____
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Applicant to initial only those that apply	APPLICANT'S DECLARATION	Program Requirement ◇
	I / We lack the financial resources necessary to completely recover from this disaster.	
	I / We need assistance in accessing disaster resources.	
	I / We have reviewed and voluntarily signed the consent authorizing this organization to release confidential household information to organizations and agencies as is relevant for verification, advocacy, and prevention of duplication of services and resources.	
	I / We have reviewed and voluntarily signed the consent authorizing this Organization to enter confidential household information into CAN – a web-based information collection system relevant for verification, advocacy, and prevention of duplication of services and resources. If not, please explain: <input type="checkbox"/> Not applicable <input type="checkbox"/> Other:	
	I / We have voluntarily given consent authorizing FEMA in a declared disaster to release confidential information to this organization for the purpose of verification, advocacy, and prevention of duplication of services and resources. If not, please explain: <input type="checkbox"/> Undeclared disaster <input type="checkbox"/> Other:	
	I am currently receiving disaster case management from: <input type="checkbox"/> N/A <input type="checkbox"/> Another Disaster Case Management Organization: (name of organization)	
	I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete.	

SIGNATURES	Applicant Name (print):
	Applicant Signature:
	Co-Applicant Name (print):
	Co-Applicant Signature:
	Intake Worker Name (print):
	Intake Worker Signature:

ORGANIZATION INFORMATION