Community Recovery

Capacity Needs and Assessment Form

Community Case File #:

PURPOSE:

The purpose of this assessment is to determine how the disaster impacted you and your family in order that the Community Recovery Organization (as established by the responsible Local Authority – municipality/regional district/First Nation) can coordinate or provide you with assistance to support you in your recovery. The assessment will consider your recovery needs as a result of a disaster.

If at any time during the interview you decide not to provide the information requested or do not wish to proceed with the assessment, you may stop the process and your application will be closed immediately, with no further action taken. If you choose to only provide partial information, the determination of available assistance will be considered based on the information provided. If you do not consent to the information sharing below, you may be required to complete a full assessment with each agency or government on services or support you choose to seek.

IMPORTANT:

This needs assessment form is NOT for the Provincial Disaster Financial Assistance Program.

If your principal residence has been damaged or destroyed and household insurance was not available for the type of hazard that impacted your home (e.g. flood damage) and your community has been declared eligible for Disaster Financial Assistance you may be eligible to apply for Disaster Financial Assistance.

You will need to complete a separate DFA application form for Disaster Financial Assistance. More information is available at the DFA website:
http://www.pep.gov.bc.ca/dfa_claims/dfa.html#applicationforms

GENERAL INFORMATION:

Type of Disaster: *(please check one)*
 ☐ Flood ☐ Earthquake ☐ Fire ☐ Landslide ☐ Tsunami ☐ Other _____
Date of Damage: _____ Location: _____ *(community)*
Date of Interview: _____ Interviewer/Agency: _____
Location of Interview: ☐ Home ☐ Recovery Centre ☐ Other - Describe:
_____

RESTRICTION:

Concerned family and friends may inquire about you/your family because of the emergency. We would like to provide these people with some information about you.   May we disclose your location and the contact information for you and your family members

No ☐   Yes ☐

AUTHORIZATION/CONSENT AND CERTIFICATION:

I, _____ authorize the _____

               (Applicant Name)   (*Community)*

Recovery Organization to share all personal information that I provide or is collected about me from this application for assistance with relief organizations, humanitarian agencies and governments that are offering any assistance whatsoever as a result of this disaster. I understand that the information I provide may be verified as part of this application process. Other than for the purposes outlined in this consent, the information contained in this application will be considered to be private and confidential. My consent is valid for **one year** only from the date of signing.

I certify that the information contained in the following application package is true to the best of my knowledge and belief.

                     _____   _____

                          Signature of Applicant   Date

SECTION 1: HOUSEHOLD PROFILE

Applicant's Last Name		First Name		Middle
Age *(years)*	**Gender** ☐ F	☐ M	**Employment Status (codes below)**	
Address at time of the Disaster (Street Address/Legal Property Description)				
Apt# & Street Address		*Community*	*Province*	*Postal Code*
Mailing Address (if Different from Above)				
		Community	*Province*	*Postal Code*
Current Address (if applicable): *(check one)* ☐ hotel/motel ☐ family/friends ☐ other				
Apt# & Street Address		*Community*	*Province*	*Postal Code*
New Post-Disaster Address (if Different)				
Apt# & Street Address		*Community*	*Province*	*Postal Code*
Contact Information:				
Current Phone: ( )		**Work Phone:** ( )	**Cell/)Other Phone:** ( )	
E-mail address:				

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: COMMUNITY RECOVERY NEEDS

A. EVACUATION (Disaster Response):

1. Were you, or are you currently, evacuated from your home?   **No** ☐   **Yes** ☐

   If yes, what dates were you out of your home?   From _____ To_____

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

   If yes, **ESS File #:** _____

Provide Details: _____ __

3. Have you contacted the provincial Disaster Financial Assistance Office?

Are you receiving Disaster Financial Assistance (DFA)   No ☐   Yes ☐

   If yes, **DFA 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   4 = need is uncertain; act if desirable

3 – needed within a month   5 = act whenever there is time or resources

1. HEALTH:	2. HOUSING:	3. OTHER:
☐ _____ Medical	_____ Temporary	_____ Food
☐ _____ Counselling	_____ Permanent	_____ Clothing
☐ _____ Special Needs	_____ Clean-up	_____ Transportation
_____	_____ Rebuild/Construct	_____ Child Care
_____	_____ Household Needs	_____ Animal / Pet Care
_____	_____	_____ Schooling
_____	_____	_____ Employment/Livelihood
_____	_____	_____ Farm Business

SECTION 3: HOUSEHOLD CAPACITY ASSESSMENT

A. Household Impact Assessment:

1. Will the cost of your recovery have an impact on your access to basic needs and monthly financial commitments (e.g., food, clothing, mortgage, rent, vehicle payments, loans)?

No ☐   Yes ☐

If yes, describe: _____

_____

B. Capacity Assessment - Financial

1. 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? _____

2. What was the pre-disaster monthly GROSS income of the household? $_____
(proof of income not required at time of interview.)

3. What is your current monthly GROSS household income (If different than above)?
Actual $_____

4. Can your household contribute to the costs of rebuilding/replacing your home and belongings?
   Financially   No ☐ Yes ☐   Labour   No ☐ Yes ☐
   If yes, describe:_____

5. 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: _____

6. Do you have renter/home owner INSURANCE to cover your loss?   No ☐   Unsure ☐

Yes, Completely ☐   Yes, Partially ☐
_____
_____

SECTION 4: RECOVERY PLANS

A . 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: INTERVIEWER'S COMMENTS

Date	Comments	Interviewer's Name (print)

SECTION 6: RECOMMENDED ASSISTANCE

Referrals:

Date	Agency Referred to	For What	Referred by (print)