

DRH Supplemental Assessment

Date of Assessment: _____

Disaster Re-Housing Agency: _____

Client Location: _____

County: _____

HMIS #: _____

Assessor Name: _____

Identification Data

1. First Name	Last Name	Middle Initial
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2. What is your FEMA ID number? _____

3. Relationship to Head of Household (HoH):

- | | |
|--|---|
| <input type="checkbox"/> Self (Head of Household) | <input type="checkbox"/> Head of Household's Child |
| <input type="checkbox"/> Head of Household's Spouse or Partner | <input type="checkbox"/> Head of Household's other relation |
| <input type="checkbox"/> Other (non-relation) | |

4. Email Address: _____

Disabling Conditions

1. Does the client have a disabling condition?

☐ Yes ☐ No ☐ Client does not know ☐ Client refused

2. Answer 'Yes' or 'No' for each disability type. *If the client selects 'Yes' for any disability type, you must also complete the shaded sections below. Disability Determination confirms the client's response and does not require documentation.*

Disability Type	Yes	No	Disability Determination	Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Both Drug and Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused

Homeless History

1. How many months have you been "literally homeless" in the last three years?

- ☐ One month (this is the first month) ☐ Between 2-12 months (specify): _____
☐ More than 12 months ☐ Client does not know ☐ Client refused

NC Natural Disaster/Storms

1. Is the client eligible for FEMA individual assistance?

- ☐ Yes ☐ No ☐ Not yet resolved ☐ Client does not know ☐ Client refused

2. If yes, please select the type of FEMA individual assistance received:

- ☐ Rental assistance ☐ Long-term hotel/motel assistance(TSA) ☐ Other housing assistance
☐ Other FEMA IA ☐ Personal property assistance ☐ Client does not know

3. Which natural disaster/storm caused you to evacuate and seek other shelter? *If the client selects 'Yes' for any storm, you must also complete the shaded section below.*

Natural Disaster/Storm Name	Evacuated and sought other shelter?	On what date did you leave your prior living situation (before the disaster/storm)
Hurricane Florence	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Hurricane Michael	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Hurricane Matthew	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____

4. Do you know if the place you were living was destroyed by the natural disaster/storm, seriously damaged but not destroyed, or not seriously damaged?

- ☐ Destroyed ☐ Client does not know
☐ Seriously Damaged ☐ Client refused
☐ Not Seriously Damaged

5. If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?

- ☐ I have insurance to cover most of my losses ☐ Client does not know
☐ I have insurance to cover some of my losses ☐ Client refused
☐ I have no insurance

6. As of today, what are your plans for housing?

- ☐ Stay in a shelter until I can move back permanently ☐ Client does not know
☐ Stay in a shelter until I can move somewhere else permanently ☐ Client refused
☐ Move somewhere temporarily until I can make a permanent move