

DRH Interim Assessment

Date of Assessment: _____

Disaster Re-Housing Agency: _____

County: _____

HMIS #: _____

Identification Data

1. First Name

Last Name

Middle Initial

2. What is your FEMA ID number? _____

3. Primary Phone Number: _____

☐ Client does not know

☐ Client refused

4. Email Address: _____

☐ Client does not know

☐ Client refused

5. Emergency Contact Name: _____

☐ Client does not know

☐ Client refused

6. Emergency Contact Phone: _____

☐ Client does not know

☐ Client refused

7. Emergency Contact Email Address: _____

☐ Client does not know

☐ Client refused

Status Updates

1. Any changes to disabling conditions?

☐ Yes

☐ No

☐ Client does not know

☐ Client refused

If yes, please explain: _____

2. Any changes to health insurance?

☐ Yes

☐ No

☐ Client does not know

☐ Client refused

If yes, please explain: _____

3. Any changes to income?

☐ Yes

☐ No

☐ Client does not know

☐ Client refused

If yes, please explain: _____

4. Any changes to non-cash benefits?

☐ Yes

☐ No

☐ Client does not know

☐ Client refused

If yes, please explain: _____

Back@Home Housing Information

1. Housing Move-In Date:

____/____/____

2. Lease Start Date:

____/____/____

3. Lease End Date:

____/____/____

4. Apartment Complex name (if applicable):

☐ Client does not know

☐ Client refused

5. Back@Home Housing address (include apartment number, street address, city, county, state, zip):

6. Landlord Name: _____

7. Landlord Phone Number: _____

8. Number of bedrooms in unit: _____

☐ Client does not know

☐ Client refused

9. Monthly Rental Amount: _____

☐ Client does not know

☐ Client refused

10. Type of Unit:

☐ Apartment

☐ Mobile home

☐ Shared housing (Shared unit/room/facilities)

☐ Single family home

☐ Client does not know

☐ Client refused

11. Do you have a service animal?

☐ Yes ☐ No If yes, how many? _____