

Cumberland District Disaster Relief
The United Methodist Church
Preliminary Walk-through and Assessment

Date of Visitation _____
() No one home () Will Call again When? _____

How many days since the initial disaster impact? _____
Was this the _____ (1st, 2nd, 3rd, etc) call on this family/address?
Assessment Workers name _____ phone number _____

| Property Information | |
|--|--|
| Address: | |
| Home Type | House _____ Apartment _____ Other _____ |
| Does the occupant own the home? | Yes _____ No _____ If no, who is the owner? _____ |
| Family Profile | |
| Family Name | |
| # living in home | Adults _____ Children _____ |
| Approximate Ages of residents | |
| Family Contact Information | Phone _____ E-Mail _____ Other Contact info: |
| Special Needs Consideration | |
| Do the residents have local family who can provide assistance? | |
| Best times for receiving assistance | Morning _____ Afternoon _____ Evening _____ |
| Damage Assessment | |
| Depth of Water? | |
| Utilities on/off? | |
| | |

| | |
|--|--|
| Types of Flooring? | |
| Has wet carpet and/or drywall been removed? | |
| Exterior Debris? Trees, concrete, vehicles, etc. | |
| Other specific housing needs | |
| Personal Item Needs (Clothing, furniture, etc.) | |
| Has the client registered for a FEMA number? Yes _____ No _____ NA _____ | |
| Has FEMA made a settlement? ___ Grant ___ Loan | |
| Urgent Needs: | |
| Other Assessment notes: | |

This information is collected by volunteers with no specific expertise in contracting or flood remediation as a means of providing assistance with emergence demolition and repairs. I understand that sharing this information does not represent a binding contract by me nor the Cumberland District Disaster Relief, and that no one will be held responsible for assistance given.

Homeowner _____ Date: _____

Fax form to 615-672-2095 or e-mail to pross@whitehousefumc.org