

Hurricane Helene

Needs Assessment Form



Full Name _____

Phone _____

Email _____

Address _____

Referral Source:

- | | | |
|--|--|---|
| <input type="checkbox"/> Eastern 8 CDC | <input type="checkbox"/> Appalachia Service Project | <input type="checkbox"/> People, Inc |
| <input type="checkbox"/> Clinch Powell | <input type="checkbox"/> Holston Habitat for Humanity | <input type="checkbox"/> Open Door Community |
| <input type="checkbox"/> Kingsport Housing Authority | <input type="checkbox"/> Christian Appalachian Project | <input type="checkbox"/> TN Community Assistance Corp |
| <input type="checkbox"/> Home Source East TN | <input type="checkbox"/> Appalachian Community Action Agency | <input type="checkbox"/> SerCap |
| | | <input type="checkbox"/> Other: _____ |

If you are submitting this form on behalf of the disaster survivor, please fill out your contact information below.

Referrer / 3rd Party Information:

Full Name _____

Phone _____

Email _____

Flooded Property Information

Property Owner Full Name _____

Flooded Property Address: _____

Do you Own / Rent the Flooded Property?

- Yes
- No
- Other

Do you have documentation to prove ownership?

- Yes
- No
- Renter

Have you received FEMA assistance?

- Yes
- No
- Applied / Pending

Signed FEMA Release of Information Consent Form?

- Yes
- No