

**SLLS Disaster Legal Project  
Intake and Screening Form**

Client Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity \_\_\_\_\_ Marital Status \_\_\_\_\_ Intake Person \_\_\_\_\_

U.S. citizen?        Yes    No    (circle one). If no, qualified alien? (A qualified alien includes permanent residents, and those with legal status due to asylum refugee, parole, withholding of deportation, or domestic violence.) Yes    No    (Circle one) Resident Alien No. \_\_\_\_\_

Telephone Intake?        Yes    No    (circle one)

Current Address

\_\_\_\_\_  
\_\_\_\_\_

Parish: \_\_\_\_\_

Type of Housing:    **Public housing**    **Section 8**    **Other subsidized housing**    **Homeless**  
**Private landlord/tenant**    **'Doubling up' in someone else's house**    **Own**    **Hotel**    **Donated**  
(Circle one)    Current Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Alternative Contact Number \_\_\_\_\_

Pre-disaster Address

\_\_\_\_\_  
\_\_\_\_\_

Parish: \_\_\_\_\_

Type of Housing:    **Public housing**    **Section 8**    **Other subsidized housing**    **Homeless**  
**Private landlord/tenant**    **'Doubling up' in someone else's house**    **Own**    **Hotel**    **Donated**  
(Circle one)

Names, ages and relationship of **current** household occupants:

\_\_\_\_\_  
\_\_\_\_\_

Names, ages and relationship of **pre-disaster** household occupants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD INCOME** (list all sources of income and monthly amounts)

Employment \_\_\_\_\_ (name of employer: \_\_\_\_\_)  
Child Support \_\_\_\_\_ Pension \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_  
TANF \_\_\_\_\_ Unemployment \_\_\_\_\_ Worker's Comp \_\_\_\_\_ Other \_\_\_\_\_

**OTHER BENEFITS** (check if anyone in household receives):

\_\_\_\_\_ **Food Stamps**          \_\_\_\_\_ **Medicaid**

**HOUSEHOLD ASSETS** (list approximate value)

Bank Account: \_\_\_\_\_ Auto: \_\_\_\_\_ Second Home: \_\_\_\_\_ Other Assets: \_\_\_\_\_

**HOME/SHELTER COSTS:** \_\_\_\_\_

**ADVERSE PARTY: (IF KNOWN)** \_\_\_\_\_  
\_\_\_\_\_

**Did you have damage to pre-disaster dwelling, vehicle, other property? Yes No (Circle One) If Yes, answer these questions:**

Homeowner's Insurance carrier \_\_\_\_\_  
Renter's Insurance carrier \_\_\_\_\_  
Flood Insurance carrier \_\_\_\_\_  
Vehicle Insurance carrier \_\_\_\_\_ Liability insurance only \_\_\_\_\_  
Current registration and inspection for vehicle? Yes No (Circle One) (FEMA will cover only one vehicle, which must be in compliance with state laws)  
Mortgage lender \_\_\_\_\_  
Status of insurance claims?  
Status of mortgage payments?

**If you were renter pre-disaster, has any landlord-tenant problems? Yes No (Circle One)**

Needs Security Deposit back? Yes No. Requested from Landlord? Yes No. Amount: \_\_\_\_\_  
Name and address of landlord \_\_\_\_\_  
\_\_\_\_\_

Any other problems with landlord? If yes, describe:

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Were you employed or self-employed (circle one) pre-disaster? Yes No

If employed, name of employer: \_\_\_\_\_

Owed any money? Yes No (circle one)

Other employment problems? If yes, describe:

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Did you get **Disaster Unemployment Assistance** or *regular* Unemployment Insurance benefits (circle one) after disaster? If neither, why not?

[If caller got regular benefits, does s/he know about right to apply for Extended Benefits when regular benefits run out? Yes No (Circle One). If no, explain.]

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**Do you have problems with FEMA? Yes No (Circle One)**

**A) General Questions**

FEMA Number: \_\_\_\_\_

Was insurance coverage denied/insufficient? Yes No. [If yes, make sure FEMA.updated.]

Did FEMA send you an application for an SBA loan? Yes No. If yes, did you complete it and return it? Yes No. [If no, make sure client submits the SBA loan paperwork so that they can be considered for further FEMA benefits.]

Has address or phone number changed since you first applied for FEMA help? Yes No. [If yes, make sure FEMA.updated.]

Did you file a FEMA claim in any disasters before Hurricane Katrina? Yes No. If so, when? \_\_\_\_\_  
Did you keep flood insurance on your property? Yes No. If not, why not?

Has your pre-disaster home been inspected by FEMA? Yes No. If yes, when? \_\_\_\_\_ If not, why not?

**B) Expedited Assistance**

Did you get the \$2,000 in expedited assistance? If no, when did you apply for FEMA benefits? \_\_\_\_\_ (FEMA stopped making the \$2,000 payments near Sept. 27, 2005.). Do you know why you didn't get it?

**C) Housing Assistance**

**Transitional Housing Assistance.** Did you get \$2,358 in FEMA rent assistance? Yes No.

If yes, answer these questions: When did you get a letter from FEMA telling you what to spend this money on? \_\_\_\_\_ Did you keep receipts showing how you spent it? Yes No.

What did you spend the \$2,358 payment on? \_\_\_\_\_

Did/will the \$2,358 cover your rent costs for 3 months? \_\_\_\_\_ [If not, advise client to contact FEMA right away to get more assistance.]

Asked FEMA for more rental assistance? Yes No. If yes, did FEMA agree to give more? Yes No.

**KDHAP Voucher.** At the time of the disaster, were you living in **public housing, were you on Section 8 or living in other subsidized housing, or were you homeless?** Yes No. If yes, answer these 2 questions: Did you get a KDHAP voucher? Yes No. Were you denied? Yes No. If haven't applied, refer to Katrina Disaster Housing Assistance Program at 1-866-373-9509. If you have a KDHAP voucher, are you having problems using it? Yes No.

**FEMA Trailer.** Have you asked FEMA for a trailer? Yes No. If yes, do you have a site the trailer could be put on? Yes No. If no, would you want to live in a FEMA trailer park? Yes No. Can you afford to pay for your own utilities if you get a FEMA trailer? Yes No. Do you have any special needs in a trailer such as needing a ramp or any other special features? Yes No.

#### **D) Other Needs Assistance**

Did you or anyone in your household lose personal property due to the disaster? Yes No.

\_\_\_ Vehicle (Must have had valid registration and insurance for FEMA coverage)

\_\_\_ Tools for Work

\_\_\_ Furniture (What rooms: \_\_\_\_\_)

\_\_\_ Appliances (List items \_\_\_\_\_)

\_\_\_ Medical Equipment (\_\_\_\_\_)

\_\_\_ Other Personal Property

Do you have any unmet medical or dental needs as a result of the disaster? Yes No.

Do any of your household members have funeral or burial costs due to the disaster? Yes No. If yes, please describe. \_\_\_\_\_

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**Do you have other problems? Yes No. (Circle One)**

Need replacement documents? Yes No. If yes, what kind: \_\_\_\_\_)

Child support or visitation? Yes No.

Pending legal case? Yes No. (Civil or Criminal - get name and contact info of lawyer and/or probation/parole officer, if any, and status of case if possible; if case in court, get name of court)

Other Legal problem? Yes No. If yes, describe:

If client present and is citizen, have sign attestation:

I affirm that I am a citizen of the United States.

\_\_\_\_\_  
Applicant Signature



