

DISASTER ASSESSMENT

**General Information**

Head of Household \_\_\_\_\_  
Last First MI Sex Age Race

Address \_\_\_\_\_  
Street City State Zip

Do you have access to a working telephone? \_\_\_\_\_ If so, what is the number? \_\_\_\_\_

Do you need an interpreter? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Do you have access to transportation? \_\_\_\_\_

Is any person or family living with you because they were DISPLACED BY ISSUES RELATED TO BP OIL SPILL? \_\_\_\_\_  
(If so, please complete SEPARATE forms for each family.)

How many people PERMANENTLY live in your home? \_\_\_\_\_ What are their names and ages?

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Assistance Information \_\_\_\_\_

What assistance have you received? \_\_\_\_\_

Have you received assistance from any other agency? \_\_\_\_\_

If so, please list the agencies and services. \_\_\_\_\_

Do you need assistance in other areas that you would like us to know about? \_\_\_\_\_

\_\_\_\_\_

Medical Information \_\_\_\_\_

Do you feel that you or anyone else in your household may need counseling services? \_\_\_\_\_

Housing and Personal Needs Information \_\_\_\_\_

Does your family have a source of income? \_\_\_\_\_

Do you or anyone else in your household need any services or supplies? If so, list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like for us to know that is not covered in the questionnaire?

\_\_\_\_\_

\_\_\_\_\_