



NJVOAD

New Jersey Voluntary Organizations Active in Disaster
Cooperation - Communication - Coordination - Collaboration

CONTACT INFORMATION:

Name: _____ Do you: OWN / RENT

Preferred Contact Phone # _____ Email Address: _____

Alternate Contact Phone #: _____ Alternate Contact Name: _____

Disaster Impacted Street Address: _____

City: _____ Zip Code: _____ County: _____

Are You Displaced: YES / NO Current Street Address: _____

City: _____ Zip Code: _____ County: _____

HOUSEHOLD INFORMATION:

List Human Household Members, Relationship & Age: _____ # People In Household: _____

List Pets, Including Species: _____ # Pets in Household: _____

Approximate Household Income: \$0-25K / \$25K-50K / \$50K-75K / \$75K + / Not Disclosed

Has household income been impacted by this disaster: YES / NO Comment: _____

Are any household members (circle all that apply): Veteran / Person(s) with Disability / Needing Language Assistance

RECOVERY RESOURCES: *Please be aware that your personal financial resources will be considered to aid in recovery. The priority in distributing limited aid will be to those who do not have the resources necessary for recovery.*

Have you received assistance or support from any organizations: YES / NO If yes, please indicate organization and assistance: _____

Have you applied for government assistance (if applicable): YES / NO Do you have a FEMA #: _____

Do you have insurance (Homeowner/Renter, Flood, Content, Automobile): YES / NO If yes, filed a claim: YES / NO

RECOVERY NEEDS

What do you identify as your immediate needs (check all that apply & list top three with numerals indicating priority):

- _____ Advocacy (benefits, FEMA, legal, etc.)
- _____ Clothing
- _____ Children & Youth Services
- _____ Education/Job Training
- _____ Emotional/Spiritual Care
- _____ Employment
- _____ Food/Nutrition
- _____ Functional Needs/Support Services
- _____ Funeral Assistance
- _____ Household Goods (appliances/furniture)
- _____ Housing (temporary/permanent)
- _____ Medical Assistance
- _____ Missing Person Assistance
- _____ Mold Remediation
- _____ Muck Out/Gutting Out
- _____ Pet Assistance
- _____ Repair/Rebuild Assistance
- _____ Transportation Assistance

Additional Comments: _____

Please indicate below any additional information that could impact your ability to recover including non-disaster needs, long-term needs, and other types of assistance/support needed: _____

OFFICE USE ONLY

Referrals / Actions Taken: _____

Name of Screener: _____ Contact Info: _____

Organization: _____

Location of Screening: _____ Date of Screening: _____