

Noble County Disaster Initial Intake/Assessment Form

Head of Household Last Name: _____ First Name: _____
Spouse's Name: _____

Address of Damaged Home: _____

Is this your Primary Residence: _____ Are you Homeowner: _____ Landlord: _____ Renter: _____

If renter, Landlord Name: _____ Address: _____ Phone: _____

Type of Home: Single family home _____ Mobile home _____ Modular home _____
Income Property _____ Apartment _____ Duplex _____

Number of people in Home: _____ Adults: _____ Children: _____ Ages: _____
Elderly (over 65): _____ Disabled: _____ Single Parent: _____ Veteran: _____

Ethnicity of household members: _____ Primary Language spoken: _____

Address Currently Residing/Staying At: _____

Current Contact Numbers: _____
Home Cell Work

Do you have: Homeowner's Ins. _____ Flood Ins. _____ Contents Ins. _____ Sewer Backup Ins. _____
Have you contacted agent _____ Settlement _____

Have you applied for or received aid with any other agency/organization? _____ Whom: _____
For What: _____ Amount: _____

If Damage due to FLOODING:

Type of Home: Slab (No basement or crawl space) _____ 1 or 2 story w/Basement or Crawl _____
Bi-level _____ Tri-level _____ Quad-level _____

Is WATER DAMAGE in:

Basement only _____ Depth of water _____ Is basement Essential Living Space? _____

What type of living space: _____

Crawl space only _____ Depth of Water _____

Main living area of house _____ Depth of water _____ How many rooms affected: _____

Foundation damage _____ HVAC Damage _____ Mold _____ Well _____ Septic _____

I need disaster related assistance with:

- _____ Debris removal: From house _____ From yard _____
- _____ Gutting the house (removing wet drywall, insulation, carpet, flooring, etc.)
- _____ Carpentry – Specify: _____
- _____ Electrical – Specify: _____
- _____ Plumbing – Specify: _____
- _____ Roofing: Tarping _____ Repair _____ Replace _____
- _____ Housing: Temporary while your home is repaired _____ Permanent Rental _____
- _____ Finding Services: Food _____ Clothing _____ Furniture _____ Appliances _____
- Transportation _____ Medical _____ Other _____
- _____ Counseling for self or family member
- _____ Help completing Insurance, FEMA, or other paperwork

By signing below, I authorize COAD or INVOAD volunteers to enter my property to attempt to secure and/or mitigate my property to prevent further damage. I further hold these volunteers and their organizations, Noble County COAD and LTRG and its members, the City, County and State and its' offices and employees, and all other non-profit organizations involved, harmless from any damage or injury that may occur to my property or person, self and family, in the exercise of this work. I also give my permission for information deemed necessary for the assessment of damage and or repair of my home, person and/or property to be shared among these agencies and organizations.

Signed (Home Owner/Renter): _____ DATE SIGNED _____

RECEIVED BY: _____

*INVOAD: Indiana Voluntary Organizations Active in Disaster
COAD: Community Organizations Active in Disaster
LTRG: Long Term Recovery Group*

THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM.

Be sure to consult your Local Permitting Official BEFORE you start any repairs!

Please fill out this form as soon as you can and return form to:

Email: LTRG@nobleco.us - call 260-636-2938

Mail: Noble County EMA, 107 Weber Road, Albion, IN 46701