

Emergency/Disaster Assessment Checklist

Emergency/Disaster: _____

Completed By: _____ Date: _____

Contact Info:

Name/s: _____

Address: _____

Phone/s: _____ Number in Household: _____

Assessment:

1. Was anyone hurt? Yes No

If yes, Whom and to what extent _____

2 Did you receive damage to your home or other property? Yes No

If yes, briefly describe the extent of the damage _____

3 Are you able to stay in your home? Yes No

If No, do you have a place to stay? Yes No

If Yes, where/contact # _____

4 Do you have any immediate needs? Yes No

If yes, note needs (food, physical help, etc)



Assessment: (Circle choice/s below)

IMMEDIATE NEEDS, Follow Up ASAP

Some Needs, Follow Up again

No Follow Up Necessary

Other Concerns (Note on back)

Willing to help (Cook, physical help, etc.) (Note on back with best contact number/times)