

Individual Assistance Form

Street Address: _____

City, State Zip: _____

Municipality: _____

Name (leave blank if unknown): _____

Phone (leave blank if unknown): _____

Email (leave blank if unknown): _____

Type of Property: Single Family Multi-family Mobile Home

Ownership: Unknown Own Rent

Is House Accessible? Yes No

Any water in the house? None Basement – how deep: _____

Unknown First Floor – how deep: _____

Are there any needs (i.e. housing, food, clothing, appliances, etc)?

Unknown No Yes (If yes, fill out pages 2 & 3)

Description of Damages (be specific) _____

Submit to:
Chester County EOC

CCDES Use Only

Reference Number: IA _____

Damage Category: Affected Minor Major Destroyed

Entered into tracking sheet: Date/time: _____ Initials: _____

Name _____

Additional Questions

Require Owner to be Onsite for any services provided: Yes No

Property Owner Name (If Different): _____

Ages of Residents in Home: _____

Short Term Recovery Needs

Is Home Habitable: Yes No

If Not, Do You Have Somewhere To Stay? Yes No

Does Homeowner Have Insurance: Yes No

Has Home Been Inspected: Yes No

Can You Cook In Your Home: Yes No

Do You Need Food: Yes No

Details: _____

Do You Need Clothing: Yes No

Details: _____

Do You Need Furniture/Appliances: Yes No

Details: _____

Do You Have Any Medical Needs: Yes No

Details: _____

Submit to:
Chester County EOC

CCDES Use Only	Reference Number: IA _____
Entered into tracking sheet: Date/time: _____ Initials: _____	
Referred to: _____	

Name _____

Long Term Recovery Needs

Describe Work Needed: _____

Rooms Damaged

Which Room(s) _____

Size of Room(s) _____

Flooring In Room(s) _____

Contents of Room(s) _____

Does the residence have problems with any of the following?

Plumbing: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____	Electricity: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____
Mud/Sewage Present: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____	Gas/Oil Leak: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____	Central Air: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____
Heat: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____	Phone: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____	Water: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: _____ _____

Please Describe Any Special Circumstances (Non-English speaking, on-going treatment for illness, special needs child, etc.)

Submit to:
Chester County EOC

CCDES Use Only **Reference Number: IA** _____

Entered into tracking sheet: Date/time: _____ Initials: _____

Referred to: _____