

**Aransas County Hurricane Harvey Response****Homeowner Assistance Request Intake Form****HOMEOWNER INFORMATION**

**Name:** \_\_\_\_\_ **Primary phone #:** \_\_\_\_\_

**Address, City, County, Zip Code of Damaged Address:** \_\_\_\_\_

Type(s) of work needed: ☐ Muck and Gut ☐ Mold/Water Damage ☐ Personal Item Salvage  
☐ Tree Work ☐ Home Repair ☐ Other Basic or Long Term Needs

**Is the resident the legal property owner?** ☐ Yes ☐ No → Legal property owner name: \_\_\_\_\_

Legal property owner phone #: \_\_\_\_\_ Legal property owner email: \_\_\_\_\_

Can work take place without the property owner present? ☐ Yes ☐ No **Is the residence a mobile home?** ☐ Yes ☐ No

**Living in effected residence?** ☐ Yes ☐ No → Alternate address: \_\_\_\_\_

**Are damages covered by insurance?** ☐ Yes: Full ☐ Yes: Partial ☐ Awaiting Reply ☐ No: Uninsured/Denied

**Number of residents:** \_\_\_\_\_ **Ages of all residents:** \_\_\_\_\_

**Do any residents have special needs/disabilities?** \_\_\_\_\_

**Any residents in critical health or safety risk?** ☐ Yes ☐ No -- Notes: \_\_\_\_\_

**Are any residents a first responder?** ☐ Yes ☐ No

**Additional information:** \_\_\_\_\_

**NEEDS ASSESSMENT – ACCESS AND FUNCTIONAL NEEDS**

- ☐ Older Adult Services \_\_\_\_\_
- ☐ Child Services (diapers, formula) \_\_\_\_\_
- ☐ Translation or Communication Access (Sign Language, Braille, CART) \_\_\_\_\_
- ☐ Personal Assistance Services (bathing, dressing) \_\_\_\_\_
- ☐ Dietary Needs (diabetic, kosher, low salt, allergies) \_\_\_\_\_
- ☐ Consumable Medical Supplies (adult diapers, needles, gloves) \_\_\_\_\_
- ☐ Durable Medical Supplies (wheelchair, nebulizer, eyeglasses, CPAP) \_\_\_\_\_
- ☐ Service Animal Support (food, water) \_\_\_\_\_
- ☐ Acute Needs (illness, injury, urgent care) \_\_\_\_\_
- ☐ Crisis Counseling \_\_\_\_\_

**RESOURCES NEEDED/REQUEST FOR RESOLUTION**

Cleaning Needs	Housing Needs	Immediate/Long Term Needs	Housing/Transport
Emergency Repair	Gas/Propane/Oil	Food/Water	Temporary Housing
Trash/Debris Removal	Electricity for Medical Equipment	Clothing	Sheltering
Hazardous Material Removal	Water/Power Outage	Medicine/Medical Supplies	Shelter Animal
Cleaning Supplies	Sand Bags/Sand Removal	Spiritual and Emotional	Moving and Storage
Clean Up Volunteers	Location for Mail Pickup	Children Services	Transportation
Mold Remediation	Large Appliances/Household Goods	Financial	Rebuild/Home Repairs
	Furnace/Hot Water Heater	Rent/Utilities Assistance	

Other Unmet Needs: \_\_\_\_\_

**JOB DETAILS:**

Approximate Number of personnel required: \_\_\_\_\_

Hours/days required: \_\_\_\_\_

Special skills, tools or equipment required: \_\_\_\_\_

\_\_\_\_\_

Releases signed by: ☐ Owner and/or ☐ Occupant

Description of Work Required: \_\_\_\_\_

\_\_\_\_\_

**JOB STATUS:**

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Work completed per day: \_\_\_\_\_

Remaining needs: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Number of service hours: \_\_\_\_\_

Debris pile dimensions (yards): \_\_\_\_\_

Status: ☐ Complete ☐ Partially Complete ☐ Incomplete

Referred to: \_\_\_\_\_

**Mold Suppression completed?** ☐ Yes ☐ No**Muck and Gut completed?** ☐ Yes ☐ No**MOLD AND WATER DAMAGE**

Is there water damage inside structure? ☐ Yes ☐ No  
 Pump needed to remove water from inside? ☐ Yes ☐ No  
 Is mold growing due to water damage? ☐ Yes ☐ No  
 Mold extent: ☐ Small ☐ Medium ☐ Large ☐ Extensive  
 How high was the water line? \_\_\_\_\_ Feet \_\_\_\_\_ Inches  
 Location of damage: ☐ Basement ☐ Crawlspace  
☐ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> Floor ☐ Attic ☐ Other  
 Additional Info. \_\_\_\_\_

**FLOORING AND DRYWALL**

Is there floor damage in home? ☐ Yes ☐ No  
 Floors affected: ☐ Basement ☐ Ground floor  
☐ Basement and Ground floor ☐ Other: \_\_\_\_\_  
 Flooring Type ☐ Carpet ☐ Hardwood ☐ Tile ☐ Linoleum  
 Drywall removal? ☐ Yes ☐ No  
 Insulation Removal? ☐ Yes ☐ No  
 Sheet Rock Removal? ☐ Yes ☐ No  
 Additional Info. \_\_\_\_\_

**DEBRIS REMOVAL**

Appliance removal? ☐ Yes ☐ No  
 Heavy items removal? ☐ Yes ☐ No  
 Debris removal? ☐ Yes ☐ No  
☐ Non-Vegetative ☐ Vegetative  
 Debris blocking: ☐ House ☐ Building ☐ Driveway  
 Personal Item Removal/Sorting? ☐ Yes ☐ No  
☐ Other: \_\_\_\_\_  
 Additional Info. \_\_\_\_\_

**ROOF REPAIR**

Is there roof damage? ☐ Yes ☐ No  
 Do any structures require tarps? ☐ Yes ☐ No  
 Which structures require tarps? ☐ House ☐ Outbuilding  
 Size of the area(s) needing tarps: \_\_\_\_\_ Is  
 roof stable to walk/work on? ☐ Yes ☐ No  
 Need assistance with tarp installation? ☐ Yes ☐ No  
 Additional Info. \_\_\_\_\_  
 \_\_\_\_\_

**TREE WORK**

Trees endangering property or safety? ☐ Yes ☐ No Number of trees down? \_\_\_\_ Number of trees wider than 18"? \_\_\_\_  
 Trees blocking: ☐ House ☐ Building ☐ Driveway ☐ Other: \_\_\_\_\_  
 Additional info. \_\_\_\_\_

**SAFETY / HAZARDS**

Is the home habitable? ☐ Yes ☐ No  
 Has the foundation shifted or is it compromised? ☐ Yes ☐ No  
 Power turned on within household? ☐ Yes ☐ No Unrestrained animals on property? ☐ Yes ☐ No  
 Power lines down on property? ☐ Yes ☐ No Are there condemned structures? ☐ Yes ☐ No  
 Utilities that are still on? ☐ Gas ☐ Electricity ☐ Water ☐ N/A Do you know where shut off is? ☐ Yes ☐ No  
 What year was the house built? \_\_\_\_\_ Years that renovations occurred \_\_\_\_\_  
 Other known hazards: \_\_\_\_\_  
 Additional information: \_\_\_\_\_

Additional Intake Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

--- **Owner must sign the Release and Waiver of Liability (pg. 3) and submit form through appropriate channels---**

Assessment Completed By:  
 Name: \_\_\_\_\_  
 Org: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Work Order Completed By:  
 Name: \_\_\_\_\_  
 Org: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referral to Other Agency: \_\_\_\_\_

**Aransas County Hurricane Harvey Response****RELEASE AND WAIVER OF LIABILITY****for Recipients of Disaster Relief Efforts****PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

This Release and Waiver of Liability, executed on (date), \_\_\_\_\_ by (recipient) \_\_\_\_\_, in favor of National and state Voluntary Organizations Active in Disaster Groups, Local Community Organizations Active in Disaster Groups, AmeriCorps, their directors, officers, members, affiliates, and their partnering organizations. Specifically **Rockport-Fulton Chamber Foundation Inc., The State of Texas** and subsidiary County and Municipal jurisdictions, herein referred to as the **Aransas County Hurricane Harvey Response** is legally binding.

I, the Recipient, desire the **Aransas County Hurricane Harvey Response** to engage in relief efforts and any such related activity on my property. I understand that such activities could entail (but are not limited to) collecting and piling brush and debris, removal of downed trees from structures/property, removal of damaged personal property and simple home repair on my property. I freely and voluntarily execute this release under the following terms:

**1. RELEASE AND WAIVER.** I hereby release and forever discharge the **Aransas County Hurricane Harvey Response** and its partnering organizations from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from related activities with said organizations. I understand that this Release discharges said organizations from any liability or claim that I may have against the **Aransas County Hurricane Harvey Response** to bodily injury, personal injury or property damage that may result from the **Aransas County Hurricane Harvey Response** volunteers working on my property. I also understand that the **Aransas County Hurricane Harvey Response** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to property insurance in the event of damage or loss.

**2. ASSUMPTION OF RISK.** I understand that the **Aransas County Hurricane Harvey Response** work may include work on and near my property that may be hazardous, including but not limited to work with power tools and heavy limbs. I hereby expressly assume the risk of property damage and/or loss due to volunteer activities.

**3. INSURANCE.** I understand that the **Aransas County Hurricane Harvey Response** does not carry or provide insurance coverage for any homeowner's personal property.

**4. PHOTOGRAPHIC RELEASE.** I hereby grant unto the **Aransas County Hurricane Harvey Response** rights to any and all photographic or video images taken on/of my property, during storm-related activities, the **Aransas County Hurricane Harvey Response** for internal use or for reasons of publicity.

**5. OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of this Release and Waiver, which shall continue to be held enforceable.

RECIPIENT'S SIGNATURE: \_\_\_\_\_

**RELEASE OF CONFIDENTIAL INFORMATION**

I, (recipient's name) \_\_\_\_\_ authorize the Federal Emergency Management Agency and any other partnering agencies involved in disaster relief to release any personal information maintained by said agencies which the **Aransas County Hurricane Harvey Response** considers relevant and necessary for the purpose of provision of assistance and to avoid duplication of benefits.

I, (recipient's name) \_\_\_\_\_ authorize the **Aransas County Hurricane Harvey Response** to release information that is considered relevant and necessary for the purpose of determining assistance to other partnering agencies involved in disaster relief.

I, (recipient's name) \_\_\_\_\_ consent to disclose my information (name, address, phone number, entire case files, including inspection report, amount of assistance, etc.) to any agency or organization that is a member in good standing with Local, Regional, State or National Voluntary Organizations Active in Disasters (NVOAD) and their partners, or participating in a State recognized Long Term Recovery Committees (LTRC) or any voluntary agencies currently providing assistance to disaster survivors in **Aransas County**.

I further understand that the release of this information does not guarantee that assistance will be provided, but that without this release, partnering agencies cannot provide information to the **Aransas County Hurricane Harvey Response** to assist with disaster-related needs.

RECIPIENT'S SIGNATURE: \_\_\_\_\_

NAME(PRINT): \_\_\_\_\_

AFFECTED ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Collected by: \_\_\_\_\_ On \_\_\_\_/\_\_\_\_/\_\_\_\_ At \_\_\_\_am/pm

If Applicable: Renters Name: \_\_\_\_\_ Renters Number: \_\_\_\_\_

# Aransas County Hurricane Harvey Response Work Completed Form

<b>Date:</b> _____  <b>Intake:</b> _____  <b>Site Address:</b> _____ _____	<b>Contact Information:</b>  <b>Team Leader:</b> _____  <b>Phone:</b> _____  <b>Email:</b> _____
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**Detailed Account of Work Completed By Team:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Building Materials Removed/Materials Needed to Rebuild:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## OUTSTANDING RESOURCES NEEDED/REQUEST FOR RESOLUTION FOR UNMET NEEDS

Cleaning Needs	Housing Needs	Immediate/Long Term Needs	Housing/Transport
Emergency Repairs	Gas/Propane/Oil	Food/Water	Temporary Housing
Trash/Debris Removal	Electricity for Medical Equipment	Clothing	Sheltering
Hazardous Material Removal	Water/Power Outage	Medicine/Medical Supplies	Animal Sheltering
Cleaning Supplies	Sand Bags/Sand Removal	Spiritual and Emotional Council	Moving and Storage
Clean Up Volunteers	Location for Mail Pickup	Children Services	Transportation
Mold Remediation	Appliances/Household Goods	Financial	Rebuild/Home Repairs
	Furnace/Hot Water	Rent/Utilities Assistance	

**Additional Notes/Detailed Description Regarding Unmet Needs:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Incomplete Work/Safety Concerns/Referral to Other Agency:**  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_