

**New Hanover Disaster Coalition
UNMET NEEDS COMMITTEE
Client Request Packet**

Household Information

Survivor Information

NAME: _____ DOB: _____
ADDRESS: _____
COUNTY: _____ PHONE: _____
CASE MANAGER: _____ REFERRING AGENCY: _____

General Information

FEMA #: _____ CAN #: _____
ADULTS IN HOME: _____ # CHILDREN IN HOME: _____
HOUSING:
 OWN RENT SECTION 8 RELATIVE/FRIEND SHELTER HOMELESS

Financial Information

	INCOME		EXPENSES
SALARY	_____	RENT/MORTGAGE	_____
SSI	_____	ELECTRICITY	_____
SSD	_____	GAS	_____
SOCIAL SECURITY	_____	WATER	_____
RETIREMENT	_____	CABLE	_____
SNAP	_____	PHONE	_____
TANF	_____	CHILDCARE	_____
CHILD SUPPORT	_____	INSURANCE	_____
VA BENEFITS	_____	TRANSPORATION EXPENSES	_____
UNEMPLOYMENT	_____	FOOD	_____
ALIMONY	_____	PRESCRIPTIONS	_____
OTHER	_____	CREDIT CARDS	_____
		OTHER	_____
TOTAL INCOME:	\$ _____/MONTH	TOTAL EXPENSES:	\$ _____/MONTH

Case Presentation Form

Background Information:

Provide any information on the client's background that will assist in the decision-making process

Long Term Recovery Needs

Provide an overview of what the client needs to meet their recovery plan

Requested Items Needed for Recovery:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Client Efforts

List previous efforts, including case management referrals and why efforts were not successful. If client has applied for CDBG-DR please state that in this section, as well as the progress, priority or denial of that application

Sustainability Plan

If this request is for an ongoing need, please explain how it will be addressed beyond this assistance and how the assistance requested will significantly move the client forward

Additional Information

Provide any other pertinent facts or information that the committee should know to make their decision

****Please attach all invoices or quotes to go along with this request packet in order to be considered***