

Long Term Recovery
Client Checklist

Please provide a copy of the following documents to your case manager:

Proof of Income: (all that apply)

- Three months proof of income
- Social Security income statement
- Food stamps
- Child support
- Most recent tax returns

Additional documentation:

- FEMA letter(s) or additional documentation
- Homeowner's insurance information
- SBA letter(s) or additional documentation

If they have a FEMA approval letter and/or homeowner's insurance they must bring:

- Receipts documenting how FEMA/insurance/SBA funds were spent
- Professional estimate(s)

United Way Disaster Intake Sheet

Named Disaster: Storm/Hurricane/Event

Named Disaster: _____

Date: _____

Name: _____

_____ Insured (Y/N)

Date of Birth: _____

_____ Rent _____ Own

Telephone #: _____

_____ Site Built _____ M/H

Alternate Phone #: _____

_____ City Limits _____ County

Email: _____

___ Minor Damage ___ Major Damage ___ Destroyed

Address at time of event: _____

Current mailing address: _____

List everyone that lives in your home:

Name: _____ Relationship: _____ Sex: _____ Age: _____

Name: _____ Relationship: _____ Sex: _____ Age: _____

Name: _____ Relationship: _____ Sex: _____ Age: _____

Name: _____ Relationship: _____ Sex: _____ Age: _____

Name: _____ Relationship: _____ Sex: _____ Age: _____

What are the damages: _____

What is the primary need today: _____

Additional needs: _____

Signature: _____

Referred to: (For office use only)

_____ Catholic Charities

Other: _____

_____ Christian Service Center

Other: _____

_____ SREC

Other: _____

**SELF-DECLARATION OF INCOME:
Suwannee Valley Long Term Recovery Committee**

Applicant Name: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: _____

Date: _____

-OR-

Suwannee Valley Long Term Recovery Staff Verification

I am reporting cash income or self-employment income. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification. This requires a letter from employer or a copy of business profit and loss statement.

Documentation of attempt made for third-party verification:

LTR Staff Signature: _____

Date: _____

Income/Expense

Client's Name: _____

Date: _____ Case Manager: _____

INCOME:	MONTHLY AMOUNT	INCOME:	MONTHLY AMOUNT
Employment (primary)	\$	Alimony or Child Support	\$
Employment (spouse)	\$	Commissions	\$
Social Security	\$	Other	\$
Pension	\$	Other	\$
		TOTAL MONTHLY INCOME:	\$

Food Stamps	\$
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EXPENSES:	MONTHLY AMOUNT	EXPENSES:	MONTHLY AMOUNT
Mortgage	\$	Cable	\$
2nd Mortgage	\$	Internet	\$
Home Equity Loan/Line	\$	Auto Payment #1	\$
Rent	\$	Auto Payment #2	\$
Electricity	\$	Auto Insurance	\$
Water/Sewer	\$	Credit card #1	\$
Telephone	\$	Credit card #2	\$
Cell Phone	\$	Credit card #3	\$
Homeowners or Renters Insurance	\$	Health Insurance Premium	\$
House Repairs/Maintenance	\$	Gas / Propane	\$
Alimony or Child Support	\$	Other	\$
Childcare	\$	Other	\$
		Other	\$
		TOTAL EXPENSES	\$

Authorization to Release Confidential Information

I, the undersigned, authorize the Suwannee Valley Long Term Recovery Committee (LTRC) and appropriate agencies responsible for providing disaster assistance to release information relating to my eligibility for monitory of other forms of assistance arising from the following disasters: _____ to those agencies that provide disaster –related assistance. This authorization permits the release of information that is deemed confidential under federal and state privacy acts.

This authorization is given to obtain and/or provide assistance I need as a result of this disaster to insure that benefits are not duplicated. It includes the sharing of information about my application in or with any agency who may provide assistance and be of help.

This authorization includes only information necessary to allow the appropriate agency or organization to determine if I am eligible for assistance from that agency or organization. This information will not be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get any assistance from voluntary agencies associated with the LTRC. However, without my permission, my information cannot be shared with other agencies or organizations for consideration. This may or will preclude those agencies from effectively assisting me during this time of disaster recovery.

OPTIONAL – I chose to exclude the following agencies from access to this information:

I understand that it is my choice to sign this release.

Name (Printed)

Date

Signature

Pre-Disaster Address: _____

Current Address: _____

Phone Number we can reach you at: _____

CLIENTS RIGHTS AND RESPONSIBILITIES

As a client of this disaster case management program, you are voluntarily partnering with the Suwannee Valley Long Term Recovery Committee and your case manager in your recovery. The rights and responsibilities are summarized here to establish a shared understanding of your role and of your case manager's role in this recovery process.

Client's Affirmation

I have been informed of my rights and responsibilities as a client of the Suwannee Valley Long Term Recovery Committee, and I have had an opportunity to have questions answered. I understand that I am ultimately responsible for my recovery, and that failure to meet my responsibilities may lead to a suspension of services by the Suwannee Valley Long Term Recovery Committee. I agree to work together with the case manager and the organization to the best of my ability.

Client Signature

Date

Case Manager's Affirmation

As a case manager of the Suwannee Valley Long Term Recovery Committee, I agree to work diligently together with this client and to meet my responsibilities as outlined.

Case Manager Signature

Date

Photography Release Form

This letter confirms the agreement between you and the United Way of Suwannee Valley regarding your participation in any approved activities in which you may be photographed or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant the United Way of Suwannee Valley to perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of the United Way of Suwannee Valley

You hereby agree that you will not bring or consent to others bringing claim or action against the United Way of Suwannee Valley on the grounds that anything contained in the property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity.

You hereby release the United Way of Suwannee Valley, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against the United Way of Suwannee Valley in connection with the Property.

This agreement shall not obligate the United Way of Suwannee Valley to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. United Way of Suwannee Valley shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20____

Participant's Signature

Signature of Parent or Guardian, if applicable

Print name of Participant

Telephone Number: _____

Right of Entry and Release of Liability Waiver

Homeowner's name: _____

Primary
phone number: _____

Secondary
phone number: _____

Address: _____

I am the owner and occupant of the above listed property. I give permission to a professional contractor working with the United Way of Suwannee Valley to work on my property for the purpose of repairing and restoring my home and recovering from the damage caused by _____. I understand this work is being provided by a professional contractor working with the United Way of Suwannee Valley and that no warranty is made as to the quality of work done. I understand the United Way of Suwannee Valley has no insurance coverage for protection against legal claims or liability damage suits that might arise in or from the professional's work on my home and property.

In consideration of the professional services to be rendered to me or on my property by the contractor, I, the undersigned, release and agree to hold harmless the United Way of Suwannee Valley and any related agency, from any liability, injury, damages, accident delay or irregularity related to aforementioned professional services. I hereby waive all claims or demands that may arise or accrue to me, growing out of any action or omission by said organization or any of its members or helpers in rendering such professional service and specifically covenant not to sue it or them for any said acts or omissions.

This release covers all rights and causes of action of every kind, nature and description, which the undersigned ever had, now has, or, but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

In general, the work to be done is described as _____

Owner's signature: _____ Date _____

Witness's signature: _____ Date _____

Statement of Understanding with Homeowner

I, _____ am the owner of the property at

_____.

I give permission to volunteers of the Suwannee Valley Long Term Recovery Committee, a committee of the United Way of Suwannee Valley, to work on my property for the purpose of restoring my home and recovering from the damage caused by _____ in my neighborhood. I understand the Suwannee Valley Long Term Recovery Committee has no insurance coverage for protection against legal claims or liability damage suits that might arise in or from their volunteer work on my home and property. Therefore, in consideration of the voluntary services rendered, or to be rendered to me or on my premises by members of the above organization, I hereby waive any and all claims or demands that may arise or accrue to me, growing out of any action or omission by said organization or any of its members or helpers in rendering such voluntary service and specifically covenant not to sue it or them for any said acts or omissions.

Homeowners Responsibilities:

Scope of Work:

I understand that any changes to the above listed repairs must be discussed and approved by the funding agents and the construction manager and only those repairs listed will be completed.

Homeowner's Signature: _____ Date: _____

Mailing Address: _____

Phone: _____

LTR Representative (please print): _____

Witness (please sign and print): _____

The above list of repairs has been completed to the best ability of the volunteers and to my satisfaction.

Homeowner's Signature: _____

Witness (please sign): _____