

CLIENT INTAKE CASE RECORD FORM

CLIENT STATEMENT OF UNDERSTANDING

I certify that the information I provided is true.

I understand there is no guarantee of receiving assistance.

I understand that failure to provide documentation may result in case closure.

(Printed Name)

(Signature)

(Date)

(Interviewed By)

(Date)

FOR INTERNAL USE ONLY

Assistance Needed	Amount	Documented

Total Substantiated Financial Need: _____

This form has been reviewed by the CC Supervisor:

(Signature)

(Date)

This form has been reviewed by CAN Finance Monitor

(Signature)

(Date)

This form has been reviewed by Program Manager

(Signature)

(Date)

Client Consent to Share Information

CAS Incident or Disaster Relief Operation # _____



Privacy: The American Red Cross respects the privacy of its clients. We will honor your wishes when sharing information about your needs.

Coordination: In some instances, we can better serve you in meeting your needs if we can share your case information with other organizations that provide disaster relief services and other services needed for your recovery.

Coordinated Assistance Network: In some disasters, the Coordinated Assistance Network collaborates with other organizations to provide assistance and establishes a common database for client information. All organizations that participate in the Coordinated Assistance Network are committed to respecting privacy and using information only for client assistance purposes.

Your Preferences and Consent: Please tell us how you want us to use your information. We will follow your instructions, unless special circumstances arise in which we need to use your information to address legal or safety requirements.

PLEASE CHECK ONE OR MORE:

- General:** I authorize the American Red Cross to share my information with and receive information from other disaster relief organizations, including the Coordinated Assistance Network, and other organizations that provide services needed for my recovery.
- Medical:** I authorize the American Red Cross to share my information with and receive information from my medical provider and/or pharmacy as necessary to assist with my identified need/s.
- Individual:** I authorize the American Red Cross to share my information with and receive information from the specific individuals listed below:

Names/Contact Information: _____

- Safe & Well:** I authorize the American Red Cross to register me on the Safe & Well website (when applicable) so that my family/friends can find out that I am safe and well.
- I do **NOT** authorize the American Red Cross to share my information.

Client's Printed Name: _____

Client's Signature: _____

Date: _____

WRITTEN CONSENT FOR RELEASE OF CLIENT INFORMATION

I, _____, with date of birth of _____

Full Name of Applicant

Applicant Birth Date

and place of birth, _____

Applicant Place of Birth

resided at _____ (pre-disaster),

Street address

City

State

Zip

and is currently residing at _____ (current),

Street address

City

State

Zip

and can be reached at _____ (phone number)

Applicant Phone Number

hereby consent to the disclosure of the information collected by FEMA under my Application number of _____ to the organization listed below.

FEMA Registration #

I specifically consent to have the following information disclosed:

My entire case file including: inspection reports, amount of assistance received, and any other pertinent information needed for my case. The above information may be disclosed to the following organizations:

- American Red Cross
- Coordinated Assistance Network

Additionally, I consent to the disclosure of my information to any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for _____ (FEMA DR Number)

THIS CONSENT IS MADE PURSUANT TO AND CONSISTENT WITH 28 U.S.C 1746. I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE

DATE

Drivers License Number (or other proof of identity)

Required Documents and Attestations:

***IMPORTANT* This application MUST be accompanied by:**

Proof of Pre-Disaster Address:

A copy of documentation indicating that within 60 days prior to October 28, 2012, the applicant resided in a ZIP code in one of the counties designated by FEMA for Individual Assistance following Superstorm Sandy. Some documents that may meet this requirement are: bank/credit union statement, lease or mortgage, documentation of utility service, tax documents, school registration documents, correspondence from FEMA or other government agency. Other documents and exceptions are subject to the approval of the American Red Cross.

Client Attestation:

My primary residence was destroyed/made uninhabitable by Superstorm Sandy.

True False

I suffered a financial loss as a result of the above.

True False

I do not have adequate financial resources available to me to cover the costs for which I am requesting assistance in this application.

True False

The costs for which I am requesting assistance in this application have not been reimbursed or paid for by insurance or a government or non-governmental assistance program, and I will not apply for such reimbursement or payment if this application is approved.

True False

I am ineligible for government benefits.

True False

By signing the below, I attest that:

The information in this application for assistance, and all supporting documentation, is true. I understand that if any of this information, or supporting documentation, is false, my application may be rejected. I further understand that if it is determined that I provided false information in this application or supporting documents, I may be subject to civil suit or criminal prosecution.

Applicant Signature

Print Name

Date