



LA WildFires Client Intake

For Internal Use:
 ClientID#: _____
 Staff Name: _____

Date MM/DD/YY		Referral Source: How did you hear about the program? Friend/Relative Internet Gov't Agency Lender Community Event Church Mailing Radio Social Media Billboard Mall Ad Real Estate Agent					
APPLICANT							
First Name		Middle Name		Last Name			
Current Address				City		State	Zip Code
Home Phone			Cell Phone		Home Address		
Email					Date of Birth MM/DD/YY		
Marital Status		Gender M F	Race		Ethnicity	Preferred Language	
Residency Status U.S. Citizen Permanent Resident Alien Other: _____			# of Dependents	Total # in Household	Veteran? Yes No		Disabled? Yes No

Household Type Single Adult Married w/ Dependents Married w/out Dependents Female-Headed Single Parent Household Male-Headed Single Parent Household Two or more Related Adults Other: _____			
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DAMAGE REPAIRS REQUESTED							
Bathroom	Kitchen	Electrical	Painting	Flooring	Plumbing	Heating	Roofing
Other: <input type="checkbox"/> Wind <input type="checkbox"/> Smoke <input type="checkbox"/> Total Loss <input type="checkbox"/> Moderate Damages <input type="checkbox"/> Minor Damages Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business Disaster damage rating: <input type="checkbox"/> Affected <input type="checkbox"/> Destroyed <input type="checkbox"/> Inaccessible <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Other <input type="checkbox"/> Undetermined Do all utilities work? If no, which utilities are not working? Note all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> Electrical power <input type="checkbox"/> Fuel oil <input type="checkbox"/> Water <input type="checkbox"/> Propane <input type="checkbox"/> No <input type="checkbox"/> Sewer and sanitation <input type="checkbox"/> Gas <input type="checkbox"/> Heat <input type="checkbox"/> Undetermined Pre-disaster housing insurance status: <input type="checkbox"/> Unknown <input type="checkbox"/> Homeowner's Insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> Hazard-specific insurance for disaster type (fire, earthquake, flood)							

