



Iowa Disaster Case Management Application

HOUSEHOLD INFORMATION	Name:		Address:		
	County:		Phone #:	Email:	
	Date of Disaster:		Disaster Type: () Tornado () Flood () Other:		
	Household's Annual Income: \$				
	Total Number of Adults in Household:		Total Number of Children in the Household:		
	I applied for Iowa Individual Assistance (IIAGP): () Yes () No				

Brief Description of Damage Caused by the Disaster
I have been affected by the declared disaster in the following way(s):

NEEDS ASSESSMENT (check all that apply)				
RISK INVENTORY Check all that apply	I currently reside in a shelter, or other temporary housing situation.			
	I or someone in my household is age 55 or over.			
	I am or other member of the household is physically disabled.			
	I am or other member of the household is mentally disabled.			
	I or other disaster-affected household member has medically related needs. Specify:			
	I or other disaster-affected household member has mental illness.			
	I am a single head of household with dependent children.			
Head of Household is a () US Citizen () Lawful Permanent Resident () Alien Authorized to work () Other				
IMMEDIATE UNMET NEEDS Check all that apply	Housing (repair, modification, eviction, etc.)	Food / nutrition	Employment	
	Utilities (shut-off or pending shut-off)	Medical health care	Transportation	
	Furniture, Appliances	Medication	Child care	
	Clothing	Mental health care	Application assistance/ benefits restoration	
	Pet-related needs	Other:		
	I request language, sign language, or literacy assistance. Specify language:			



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FINANCIAL ASSISTANCE RECEIVED/ DUPLICATION OF BENEFITS CHECK	
	Do you have flood insurance? () YES () NO
	If yes, how much has been received?
	Do you have any other insurance that will cover damages? () YES () NO
	If yes, what type(s), how much and what was covered by each?
	Have you or others in your household received financial assistance from any other source(s) (i.e. IIAGP-State Assistance, FEMA, Red Cross, Salvation Army, LTRC, etc.)? () YES () NO
	If yes, list source(s), amount(s) and what was covered by each. If possible, provide record of assistance.

	I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete, and that I lack the resources necessary to meet my disaster-related needs.
	Printed Name:
	Signature:

**Please return to: HACAP | 1515 Hawkeye Dr, Hiawatha, IA 52233
Contact with questions: 319-739-0056 | disaster@hacap.org**