EASTERN NEBRASKA Community Ction PARTNERSHIP Helping People. Changing Lives.

Clarity Client ID #:

Household Size:

POST DISASTER NEEDS ASSESSMENT

We are glad you came to ENCAP for assistance with your disaster-related needs. We are interested in learning more about how the 2019 flooding has affected you and your family so we can assist you in the most meaningful ways possible. Information collected in this survey will be kept confidential and only used to supplement your request for CSBG Disaster Supplemental funds.

. What is your zip code?
P. If you applied for FEMA Individual Assistance during the time it was available, what expenses wwere approved or disapproved?
s. Were the expenses you're seeking assistance with at ENCAP paid for by any type of insurance homeowners, renter's, automobile)?
Yes No Partially
P. Did you or any other working adults in your household lose their source of income as a result of the loods?
Yes No
5. Did you or someone in your household experience an increase in expenses as a result of the floods?
Yes No
6. What needs do you currently have that were not covered by FEMA or private insurance? Check all that apply.
Mortgage assistance to avoid foreclosure on my home
Rent assistance to avoid an eviction
Utility assistance to avoid a shut-off
Help to purchase supplies to restore my home to a safe and livable condition
Help to replace lost or damaged transportation (car payment, insurance, registration, etc.)
Help to pay medical bills related to injuries or health problems caused by the floods
Help to pay a contractor to complete repairs on my home
Help to replace lost or damaged documents (birth certificate, ID, etc.)
Help to replace lost or damaged furniture, household, or personal belongings
Other (please specify):
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FPL: