



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			
Address					City		State	Zip Code	
Home Phone				Cell Phone					
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: _____

DAMAGE REPAIRS REQUESTED

Bathroom Kitchen Electrical Painting Flooring Plumbing Heating Roofing

Other: Wind Smoke Total Loss Moderate Damages Minor Damages

Type: Residential Business

Disaster damage rating:
 Affected Destroyed Inaccessible
 Major Minor
 Other Undetermined

Do all utilities work? If no, which utilities are not working? Note all that apply:
 Yes Electrical power Fuel oil Water Propane
 No Sewer and sanitation Gas Heat
 Undetermined

Pre-disaster housing insurance status:
 Unknown
 Homeowner's Insurance
 Uninsured
 Hazard-specific insurance for disaster type (fire, earthquake, flood)