



Needs and Assessment Form

NSDRS File Number _____

Return this form to: info@nsdisasterrelief.ca (clear photos from your camera should work)
or mail to 2355 HILLEN CRES, MAGNA BAY, BC V0E 1M7

PURPOSE:

The purpose of this assessment is to determine how the disaster impacted you and your family in order that the responsible Local Authority – municipality/regional district/First Nation/non-profit can coordinate or provide you with assistance to support you to become more resilient and assist you in your recovery needs because of an emergency event.

If at any time you decide not to provide the information requested or you do not wish to proceed with the assessment, you may stop the process and your application will be closed immediately, with no further action taken. If you choose to only provide partial information, the determination of available assistance will be considered based on the information provided. If you do not consent to the information sharing below, you may be required to complete a full assessment with each agency or government on services or support you choose to seek.

IMPORTANT:

This needs assessment form is NOT for the Disaster Financial Assistance (DFA) program.

If your principal residence has been damaged or destroyed and household insurance was not available for the type of hazard that impacted your home (e.g. flood damage) and your community has been declared eligible for Disaster Financial Assistance you may be eligible to apply for Disaster Financial Assistance.

You will need to complete a separate DFA application form for Disaster Financial Assistance.

More information is available at the DFA website: [Disaster Financial Assistance Forms & Information - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov2/finance/insurance/Disaster_Financial_Assistance_Forms_Information)

AUTHORIZATION/CONSENT AND CERTIFICATION:

I, _____ authorize the North Shuswap Disaster Relief Society
(Applicant Name)

to use personal information provided in this form to assist my application for disaster relief through the Society. I understand that information I provide may be verified as part of this application process. I also understand that the Society may be aware of other organizations who could further assist me. At any time, I must give explicit consent to allow the society to share data with another organization. Other than for the purposes outlined in this consent, all information contained in this application will be considered private and confidential and best efforts will be made to keep it safe. My consent is valid for one year only from the date of signing.

I certify that the information contained in the following application package is true to the best of my knowledge and belief.

Signature of Applicant

Date



SECTION 1: HOUSEHOLD PROFILE

Applicant's Last Name		First Name		Middle
Age (years)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		Employment Status (codes below) 1.	
Address at time of the emergency event (Street Address/Legal Property Description)				
Mailing Address (if Different from Above)		Community	Province	Postal Code
Current Address (if applicable): (check one) <input type="checkbox"/> hotel/motel <input type="checkbox"/> family/friends <input type="checkbox"/> other				
Address (if different): (check one) <input type="checkbox"/> hotel/motel <input type="checkbox"/> family/friends <input type="checkbox"/> other				
Current Phone: ()		Work Phone: ()		Cell/Other Phone: ()
E-mail address:				

Work Codes	EM	Employed	RE	Retired	DI	Disabled	FT	Full Time
	UN	Unemployed	ST	Student	DE	Dependent	PT	Part Time

2. Other household members living at your address at the time of the emergency event

Name: Last, First	Age	Relationship	Employment Status



SECTION 2: RESILIENCY/RECOVERY NEEDS

A. EVACUATION (Disaster Response):

1. Are you currently evacuated from your home? No Yes
 If yes, what dates were you out of your home? From _____ To _____
2. Are you receiving Emergency Support Services (ESS) support? No Yes
 If yes, ESS File #: _____ When does this funding run out? _____
3. Are you receiving funding from other sources? ie. GoFundMe or other non-profit groups
 No Yes
 Provide details of all support received: _____

B. IMMEDIATE RESILIENCY/RECOVERY NEEDS:

What does your household need to assist you with recovery?

Please use these numbers to estimate your level of urgency.

1=immediate/urgent 2=urgent not emergency 3=needed 1 month 4=uncertain/if possible 5=whenever time/resources allow

<p>1. HEALTH</p> <p>_____ Medical</p> <p>_____ Counselling</p> <p>_____ Special Needs</p> <p>eg., (mental health, prescription glasses, dentures, hearing aids, dietary needs, Respite Care, handicap equip, Traditional Healer, Traditional tools, other)</p> <p>_____</p>	<p>2. HOUSING:</p> <p>_____ Temporary</p> <p>_____ Permanent</p> <p>_____ Clean-up</p> <p>_____ Rebuild/Construct</p> <p>_____ Household Needs</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>3. OTHER:</p> <p>_____ Food</p> <p>_____ Clothing</p> <p>_____ Transportation</p> <p>_____ Child Care</p> <p>_____ Animal / Pet Care</p> <p>_____ Schooling</p> <p>_____ Employment/Livelihood</p> <p>_____ Farm Business</p> <p>_____ Cultural & Spiritual Needs</p>
--	--	---

SECTION 3: HOUSEHOLD CAPACITY ASSESSMENT

A. HOUSEHOLD IMPACT ASSESSMENT:

1. Will the cost of your recovery have an impact on your access to basic needs and monthly financial commitments (e.g., food, clothing, mortgage, rent, vehicle payments, loans)?

No Yes If yes, describe: _____



B. CAPACITY ASSESSMENT - FINANCIAL

1. Did your household income change as a result of the emergency event? No Yes

If yes, has the lost income returned to normal? No Yes

If no, when is it estimated to return to normal? _____

2. What is your monthly GROSS household income? Include pension/RRIF/disability etc.

Pre Disaster \$ _____ Post Disaster \$ _____

3. Can your household contribute to the costs of rebuilding/replacing your home and belongings?

Financially: No Yes Labour: No Yes

If yes, describe: _____

4. Do you have tenant/home owner INSURANCE to cover your loss?

No Yes, Completely Yes, Partially If partial, describe: _____

5. Does your household have access to other funds to assist in your recovery (e.g. borrowing capacity, RRSPs, investments, personal insurance, employment insurance)? No Yes

If yes, Type of other funds: _____ Amount: \$ _____

6. Have you received any assistance or supplies to date? No Yes

If yes, describe: _____

SECTION 4: RECOVERY PLANS

1. Short-term (0 – 90 days) recovery plans: _____

_____ Est. Cost: \$ _____

2. Long-term (90+ days) recovery plans: _____

_____ Est. Cost: \$ _____

What are your immediate priority needs?

3. _____ Cost: \$ _____

4. _____ Cost: \$ _____

5. _____ Cost: \$ _____