

Recover Tampa Bay Initiative
Unmet Needs Case Presentation Form
Version: December 2018

Section 1: Case Presentation Information

Presentation Date:		Case file #:		Name of DCM:	
DCM Agency:		Priority Points:			

Section 2: Recovery Project Information

Total cost of construction project:		Mortgage Balance(if applicable):	
<input type="checkbox"/> Repair	<input type="checkbox"/> Reconstruction	<input type="checkbox"/> Other unmet need	<input type="checkbox"/> Mold Remediation

Section 3: Summary of Available Resources for Client Recovery

Recovery Resource	Amount Received	Amount Spent (neg. value)	Amount Committed (neg. value)	Available (auto field)	Service Code(s)	Comments / In-kind donations
FEMA Repair/ Replacement	\$0.00			\$0.00		
FEMA Personal Property	\$0.00			\$0.00		
FEMA Rental Assistance	\$0.00			\$0.00		
Flood Insurance Repair	\$0.00			\$0.00		
Flood Insurance Contents	\$0.00			\$0.00		
Homeowner's Insurance	\$0.00			\$0.00		
Automobile Insurance	\$0.00			\$0.00		
SBA loan	\$0.00			\$0.00		
ICC Grant	\$0.00			\$0.00		
HMGP	\$0.00			\$0.00		
Red Cross	\$0.00			\$0.00		
Other:				\$0.00		(name source of funds)
				\$0.00		
Previous Funding/Allocation commitment:				\$0.00		(name source of funds)
				\$0.00		
				\$0.00		
				\$0.00		
Total:	\$0.00	\$0.00	\$0.00	\$0.00		

Client Source(s) of Income (Check all that apply)

FT employ PT employ Soc. Sec. SSD SSI Pension Retirement Unemployment TANF/GA Other

Client Income and Expenses

Income (positive value)	Total monthly NET income	
<i>Expense (neg. value)</i>	Total monthly out-of-pocket expenses	
Sum (auto field)	Total monthly surplus	\$0.00

Personal Resources	Beginning Balance	Amount Used (neg. value)	Amount Committed (neg. value)	Available (auto field)	Service Code(s)	Comments
Checking and Savings accounts	\$0.00	\$0.00	\$0.00	\$0.00		
CDs/Stocks/Bonds	\$0.00	\$0.00	\$0.00	\$0.00		
Real Estate	\$0.00	\$0.00	\$0.00	\$0.00		
Personal loans	\$0.00	\$0.00	\$0.00	\$0.00		
Credit Cards (recovery only)	N/A		N/A	\$0.00		
Other:				\$0.00		
TOTAL (auto field)		\$0.00	\$0.00	\$0.00		

Client's retirement savings are above \$XXX Yes No

Section 4: Estimate of Unmet Needs

Unmet Need Description	Service Code	Vendor -or- Volunteer	Appraised Cost	Available (neg. value)	Requested Funding	Comments
					\$0.00	

					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	

TOTAL (auto field) N/A N/A \$0.00 \$0.00 **\$0.00**

AD: Advocacy-Benefits	CY: Children and Youth Services	FO: Food/Nutrition	HWB: Medical Assistance
AD: Advocacy- FEMA	DA: Domestic Animal Assistance	HG: Household Goods-Appliances	MP: Mission Person
AD: Advocacy-legal	ED: Education of Job Training	HG: Household Goods- Furniture	RB: Repair and Rebuild
AD: Advocacy-other	EMP: Employment	HG: Household Goods-Other	TR: Transportation

Disaster and Recovery Plan Narrative

Square Footage of Home

Pre Disaster: _____ Post Disaster: _____

Based on current recovery plan, should requested assistance complete the client's recovery? (If not please explain)