

Multi-Agency Hays County, Texas Recovery Taskforce
Homeowner Assistance Request Intake Form

Name:	Alt. contact:
Phone #:	Alt. phone #:
Address damaged:	Location:
City, county:	
Current residence (<i>if different</i>):	
Are damages covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> Awaiting reply <input type="checkbox"/> No <input type="checkbox"/> Uninsured <input type="checkbox"/> Underinsured	
Description of home: _____	
Ages of all household members: _____	
Does any household member have special needs? _____	
Does homeowner need to be present for work to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the occupant the legal property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Releases signed by: <input type="checkbox"/> Owner <input type="checkbox"/> Occupant (<i>if applicable</i>) <u>OR</u> Waiver Acknowledged _____ (Call Center Only)	
Other info: _____	

DAMAGE ASSESSMENT:	1	2	3	4	5
	Not Affected	Minimal	Moderate	Severe	Destroyed
N/A or Home Inaccessible _____	Notes: _____				

SAFETY:		
Power lines down on property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unrestrained animals on property?
Trees and power lines entangled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trees resting on power lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other info: _____		

TARPING:		
Which structures require tarps? <input type="checkbox"/> House <input type="checkbox"/> Outbuilding		Need help installing tarp?
Size of required tarp(s): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is roof stable to walk/work on? _____		
Other info: _____		

TREE WORK:	
Trees/limbs on: <input type="checkbox"/> House <input type="checkbox"/> Outbuilding <input type="checkbox"/> Property	
Trees/limbs blocking access to: <input type="checkbox"/> House <input type="checkbox"/> Outbuilding <input type="checkbox"/> Driveway <input type="checkbox"/> Other	
Number of trees needing cut? _____	Size of trees needing cut? _____
Other info: _____	

DEBRIS/DEMOLITION:	
Non-vegetative debris on property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inside structure(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Debris blocking access to: <input type="checkbox"/> House <input type="checkbox"/> Outbuilding <input type="checkbox"/> Driveway <input type="checkbox"/> Other	
Heavy machinery required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unsalvageable structure(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other info: _____	

FENCING:	
Is there fence work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Containing livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of fence? _____	
Appx. length of fence needing work: _____	
Equip. required & other info: _____	

WATER DAMAGE:

Water level in home: 0"-6" 6"-12" 12"-18" 18"-24" > 24"

Is there currently water in the home? ___Yes ___No

Part(s) of house affected by flooding: _____

Removal of damaged appliances, furniture, flooring or personal belongings needed? ___Yes ___No

Did any drywall get wet? ___Yes ___No Do you need it removed? ___Yes ___No

JOB DETAILS:

personnel required: _____ Hours/days required: _____

Special skills required: _____

Tools or special equipment needed: _____

Other info: _____

OTHER BASIC OR LONG-TERM NEEDS: Immediate Housing Household Goods Medical Financial Spiritual Rebuild Home Repairs Mold Remediation Other

Describe needs: _____

What kind of specialist is needed? _____

Other Agencies Contacted: _____ Referred to: _____

CALL/CONTACT LOG:

Date: _____

Initials: _____ Info: _____

Date: _____

Initials: _____ Info: _____

Date: _____

Initials: _____ Info: _____

Map/drawing of property and work required:

JOB STATUS:

Date Work Started: _____

Work completed per day? _____

Remaining needs per day? _____

Vol. hrs per workday: _____

Date Completed: _____

Completed by: _____

Status: ___Complete ___Partially complete

If incomplete, referred to: _____

Multi-Agency Hays County, Texas Recovery Taskforce

RELEASE AND WAIVER OF LIABILITY

for Recipients of Disaster Relief Efforts

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability, executed on (date), _____ by (recipient) _____, in favor of **the National VOAD**, its directors, officers, members, affiliates, and their partnering organizations; **the Texas State VOAD**, its directors, officers, members, affiliates, and their partnering organizations; **the State of Texas; the County of Hays**, its agencies, partners and subsidiaries; and **the Cities of Wimberly and San Marcos** and their agencies, partners and subsidiaries herein referred to as "**the Hays County Recovery Taskforce**" is legally binding.

I, the Recipient, desire **the Hays County Recovery Taskforce** to engage in relief efforts and any such related activity on my property. I understand that such activities could entail (but are not limited to) collecting and piling brush and debris, removal of downed trees from structures/property, removal of damaged personal property and simple home repair on my property. I freely and voluntarily execute this release under the following terms:

1. RELEASE AND WAIVER. I hereby release and forever discharge **the Hays County Recovery Taskforce** and its partnering organizations from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from related activities with said organizations. I understand that this Release discharges said organizations from any liability or claim that I may have against **the Hays County Recovery Taskforce** to bodily injury, personal injury or property damage that may result from **the Hays County Recovery Taskforce** volunteers working on my property. I also understand that **the Hays County Recovery Taskforce** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to property insurance in the event of damage or loss.

2. ASSUMPTION OF RISK. I understand that **the Hays County Recovery Taskforce's** work may include work on and near my property that may be hazardous, including but not limited to work with power tools and heavy limbs. I hereby expressly assume the risk of property damage and/or loss due to volunteer activities.

3. INSURANCE. I understand that **the Hays County Recovery Taskforce** does not carry or provide insurance coverage for any homeowner's personal property.

4. PHOTOGRAPHIC RELEASE. I hereby grant unto **the Hays County Recovery Taskforce** rights to any and all photographic or video images taken on/of my property, during storm-related activities, **the Hays County Recovery Taskforce** for internal use or for reasons of publicity.

5. OTHER. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of this Release and Waiver, which shall continue to be held enforceable.

RECIPIENT'S SIGNATURE: _____

RELEASE OF CONFIDENTIAL INFORMATION

I, (recipient's name) _____ authorize the Federal Emergency Management and any other partnering agencies involved in disaster relief to release any personal information maintained by said agencies which **the Hays County Recovery Taskforce** considers relevant and necessary for the purpose of provision of assistance and to avoid duplication of benefits.

I, (recipient's name) _____ authorize **the Hays County Recovery Taskforce** to release information that is considered relevant and necessary for the purpose of determining assistance to other partnering agencies involved in disaster relief.

I further understand that the release of this information does not guarantee that assistance will be provided, but that without this release, partnering agencies cannot provide information to **the Hays County Recovery Taskforce** to assist with disaster-related needs.

RECIPIENT'S SIGNATURE: _____

NAME (PRINT) _____

AFFECTED ADDRESS _____

CITY _____ STATE _____ ZIP _____

Collected by: _____ on ____ / ____ / _____ at ____ am/pm