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| Company TitleStaff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Company Title requests your help. As we try to make a plan of action for services over the next few weeks, please complete the following Impact Survey based on current conditions. Thank you for your time.

Disaster Impact Survey

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| 1. Please check all that apply:

\_\_\_\_\_ I evacuated from my home and am living in a shelter.\_\_\_\_\_\_ I evacuated from my home and am living with family.\_\_\_\_\_\_ My home is a total loss and I need housing assistance\_\_\_\_\_\_\_ My vehicle is a total loss and I am in need of a vehicle.\_\_\_\_\_\_\_ I am safe and dry and have suffered no flood damage\_\_\_\_\_\_\_ I can be at work Tuesday September 5, 2017.\_\_\_\_\_\_\_ I cannot come back to work September 5, 2017 but anticipate I can come back to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I will not be able to return to work – staff member needs to submit resignation notice1. What needs or concerns do you and your family have?
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Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!