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| Company Title  Staff 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 notice   1. 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!