**Initial Site Visit Form**

**1. Meet homeowner with case manager/client services representative.**

Homeowner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2. Ask questions about the impact of the storm.**

What caused the damage? Flood – Wind & Rain – Other

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flood depth (inches) \_\_\_\_\_\_\_\_\_

Length of time water was in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Determine if there has been previous work performed by other NGO’s or contractors since the storm.**

Describe previous work and who did it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Determine if utilities are operational.**

Water Connected: Yes No Source: City – Well Where is shut off? \_\_\_\_\_\_\_\_\_\_\_

Sewer Working: Yes No Source: City – Septic

Electrical Connected: Yes No Service: Overhead – Underground
Panel Location \_\_\_\_\_\_\_

**5. Visually inspect of the foundation for obvious signs of settling or shifting, cracks in the slab or the exterior brick or dry wall, doors out of plumb, deterioration of the pier and beam framing.**

Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Visually inspect roof for obvious signs of exterior damage and condition of shingles. Inspect ceilings for signs of water damage.**

Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Identify indications of additions and remodeling such as garage conversions.** Yes No

Describe Additions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Indications of moisture and mold – untreated walls and voids. (under stairs, showers and tubs not removed, base cabinets not removed)** Yes No

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Determine if there are any open building permits on the home.** Yes No

**10. Ask about previous insect infestations:** Active Inactive

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Make a written recommendation to the Director with respect to proceeding with a formal assessment and assistance in the rebuild.**

Recommendation: Proceed Do Not Proceed

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_