

ASSESSMENT WORKSHEET

Estimator Name: _____

Date: _____

Disaster Type & Month Occurred: _____

Case No. _____

Client Name: _____

Address of Affected Property: _____

Client's Present Address: _____

Phone Number(s): _____

Needs: *(Include overview of work to be done, special needs, brief story of the homeowner and family)*

Materials Needed:

(Estimate only - See attached)

Financial Help Needed? Yes or No

Volunteers Needed:

(How many and skills needed)

Estimated Time to Completion: