

Assessor	Tracking Number (Office Use)		
Phone #	Job Priority	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Date	3 <input type="checkbox"/>		

# **ASSESSMENT – FLOOD RECOVERY**

## **SOUTHERN BAPTIST DISASTER RELIEF – REGION 4A**

Arkansas, Texas-TBM, Texas-SBTC, Missouri, Louisiana, Oklahoma

**ATTACH THIS FORM TO “PROPERTY OWNER REQUEST FOR ASSISTANCE”**

Property Owner			
Work Location			
<b>TYPE OF BUILDING</b>			
<input type="checkbox"/> Detached Home	<input type="checkbox"/> Mobile/modular Home		
<input type="checkbox"/> Out Building	<input type="checkbox"/> Attached Home/Apartments	<input type="checkbox"/> Other	
<b>DAMAGE DESCRIPTION</b>			
Water Level (inches)	Basement	1 <sup>st</sup> Floor	Other
Mud/Debris Depth (Inches)	Basement	1 <sup>st</sup> Floor	Other
Mold Visible?	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 <sup>st</sup> Floor	<input type="checkbox"/> Other
Damaged Area	<input type="checkbox"/> Foundation	<input type="checkbox"/> Exterior Walls	<input type="checkbox"/> Interior Walls <input type="checkbox"/> Floors
Number of rooms?	Basement:	1 <sup>st</sup> Floor:	
Water	<input type="checkbox"/> ON <input type="checkbox"/> OFF	Electricity	<input type="checkbox"/> ON <input type="checkbox"/> OFF
If Water OFF, Is water available from nearby source?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Location of Water Source			
Hazards			
<b>WORK DESCRIPTION</b>			
<input type="checkbox"/> Tear Out	<input type="checkbox"/> Power Wash	<input type="checkbox"/> Disinfectant Spray	
<b>TO BE REMOVED</b>			
<input type="checkbox"/> Bathroom Appliances	<input type="checkbox"/> Bathroom Cabinets	<input type="checkbox"/> Contents (Clothing/Personal	
<input type="checkbox"/> Debris, Mud, Silt	<input type="checkbox"/> Drywall	<input type="checkbox"/> Flooring (Basement)	
<input type="checkbox"/> Flooring (First Floor)	<input type="checkbox"/> Furnace	<input type="checkbox"/> Furniture	
<input type="checkbox"/> Insulation	<input type="checkbox"/> Kitchen Appliances	<input type="checkbox"/> Kitchen Cabinets	
<input type="checkbox"/> Paneling	<input type="checkbox"/> Water Heater	<input type="checkbox"/>	
Exceptions:			
Location for Salvaged Items			
Dumpster Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dumpster on Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, where will debris be Stacked/Separated?			
If YES, but dumpster unavailable, May debris be Stacked at curb?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If Dumpster required, Homeowner is responsible for obtaining and payment.</b>			
Assessor's Comments (Notes)			
Continue on back of form as needed			

**Assessor Instructions:**

1. Determine priority based on Special Needs of Owner and work requested. (See Property Owner Request for Assistance and Assessment-Priorities document).
2. Complete “Assessment – Property Area” and attach to Assessment form.