## Disaster Case Management Triage Form

<table>
<thead>
<tr>
<th>Client Name __________________________</th>
<th>DOB __________________</th>
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</thead>
</table>

- ☐ Valley Fire
- ☐ Clayton Fire
- ☐ Sulphur Fire
- ☐ Tubbs/Nunns Fire
- ☐ Redwood Fire
- ☐ Atlas Fire
- ☐ Pawnee Fire
- ☐ Mendocino Complex Fires
- ☐ Other fire __________________

<table>
<thead>
<tr>
<th>Pre-disaster address: __________________</th>
<th>Zip Code: ___________</th>
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</thead>
</table>

- ☐ Single family dwelling
- ☐ Mobile home
- ☐ Duplex
- ☐ Condo/townhouse
- ☐ Apartment
- ☐ Own
- ☐ Rent
- ☐ Other ________

### Disaster Related Needs

#### Notes

#### Damage:
- ☐ No Damage
  1. ☐ Dwelling Destroyed
  2. ☐ Damaged Dwelling ☐ Needs major structural repair
  3. ☐ Undamaged Dwelling
  4. ☐ Able to live in home? ☐ Y ☐ N

#### Housing
- ☐ Have stable housing similar to prior housing
- ☐ Have stable housing, staying with network
- ☐ Have temporary housing-need permanent
- ☐ Staying in shelter
- ☐ Need temporary/emergency shelter
- ☐ Need financial assistance to find stable housing

#### Losses

- ☐ N/A
  11. ☐ Household Records Lost – Needs to replace
  12. ☐ Immigration Documents Lost

#### Vehicle
- ☐ N/A
  13. ☐ Needs Vehicle Repair
  14. ☐ Needs Vehicle Replacement

#### Wages
- ☐ N/A
  15. ☐ Lost Job (temporary) Dates: ___________
  16. ☐ Lost Job (permanent) Date: ___________

### Other Needs

#### Physical/Support
- ☐ N/A
  17. ☐ Ongoing Health Concerns
  18. ☐ Limited social/emotional/mental health support

#### Services Needed
- ☐ N/A
  19. ☐ Child Care/Senior Support
  20. ☐ Employment/Benefits
  21. ☐ Transportation
  22. ☐ Immigration Services

### Resources

Circle ones that have been applied to

23. Applied to: None FEMA SBA UW/RCU Undoc SVdP Other:

- ☐ FEMA number __________________
  If not applied to any, why not?

- ☐ Approved for: __________________
- ☐ Denied from: __________________
- ☐ N/A
- ☐ Appealed to: __________________

#### Insurance:
- ☐ No Insurance

24. ☐ Have insurance policy:
  ☐ Home ☐ Car ☐ Rental ☐ Other ___________
  a. ☐ Has insufficient insurance:
    ☐ Home ☐ Car ☐ Rental ☐ Other __________

Triage Form 01/08/19
OVERALL CURRENT RECOVERY STATUS OF THE HOUSEHOLD?
☐ MOSTLY RECOVERED: STILL HAVE SOME PROBLEMS
☐ PARTIALLY RECOVERED: STILL A LOT OF WORK TO DO
☐ NOT BEGUN: JUST LIKE THE DAY OF THE DISASTER
☐ GETTING WORSE: MORE PROBLEMS SINCE THE DISASTER HIT
☐ COMPLETELY RECOVERED: NO REMAINING NEEDS
☐ UNKNOWN

HOW DID CLIENT HEAR ABOUT DISASTER CASE MANAGEMENT?
☐ PUBLIC MEDIA  ☐ 211  ☐ GOVT AGENCY  ☐ LTRG
☐ NPO  ☐ OTHER  ☐ UNKNOWN

OTHER CRITICAL NEEDS
1. 
2. 
3. 
4. 

VULNERABLE POPULATIONS
☐ General survivor  ☐ Aged over 65  ☐ Disabled  ☐ Safety Risk
☐ Limited English Proficiency  ☐ Limited Literacy  ☐ Unemployed  ☐ Housing Insecurity
☐ Single parent (minor dependents)  ☐ Priority population 1  ☐ Poverty  ☐ Access and Functional Needs

Date: __/__/____  Staff/Vol: _______________________________________________

Agency: __________________________________________  Site: __________________
Long Term Recovery Groups
Catholic Charities California
RELEASE OF INFORMATION

I, ________________________________ give permission to
(Name of Client)_____________________________ to share my confidential information
(Name of Agency)

with the Sonoma County Rebuilding Our Community (ROC), Napa Fire Recovery Group, Mendocino County Rebuilding Our Community, Team Lake County, Catholic Charities California, and the contracted partner agencies for the purposes of providing Long Term Recovery Disaster Case Management to me. The Long Term Recovery Groups are collaborative groups of local service agencies that are coordinating services in order to help their community fully recover from the 2017 Fires.

Long Term Recovery Group partner agencies and Catholic Charities California will only access case data if they are part of a Disaster Recovery Case Management Committee and have a specific reason that relates to my recovery and to referral information to coordinate services. A list of partners will be provided on request. All partners will adhere to the data sharing agreement signed by their agency and all Case Managers will receive confidentiality training and sign a confidentiality agreement before accessing client data.

Catholic Charities of the Diocese of Santa Rosa provides administration of the database, initial and ongoing training/support to partner agencies. Shared data between the listed parties and clients enrolled in the Long Term Recovery Group programs includes client case information related to demographic, assessment, development of Recovery Plans, and referral coordination.

Data will be shared in care of Catholic Charities of Santa Rosa. Contact information:
Karen Shimizu Chair, ROC Disaster Recovery Case Management Committee
Senior Director of Operations, Santa Rosa Catholic Charities
987 Airway Ct., Santa Rosa, CA 95403
(707) 528-8712 ext. 144, kshimizu@srcharities.org

My signature indicates that I understand what information is being disclosed and why it is necessary. I am aware that this consent is for release of information only to the organizations listed above and can be revoked (in writing) at any time. My signature also means that I have read this form and/or have had it read to me and explained in a language that I can understand. All the blank spaces on this form must be completed in order for the consent to be valid.

This consent form expires on upon termination by client or completion of services by the Long Term Recovery Group.

_________________________________________  ______________________________
Client Signature  Date

______________________________  ______________________________
Witness  Interpreter (if needed)

1/22/2019
# Needs Assessment

## Disaster Survivor Information

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>ETO#:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Case Manager:</td>
<td>Agency:</td>
<td></td>
</tr>
</tbody>
</table>

## Introduction

1. Tell me what your life was like before the fire:

2. Tell me what your life is like now:

## Health and Wellness

Our first priority is to make sure you are currently as safe and stable as possible, as this will help you achieve your long term recovery goals.

3. Do you have enough food every month? □ Y □ N

4. Are you able to store food and prepare meals at your current housing? □ Y □ N

5. Are you able to make it to the store to buy food and other necessities? □ Y □ N

6. How are you paying for your monthly expenses?
   - a. Employment FT PT # of jobs____
   - b. Retirement funds □
   - c. Government funds □
   - d. Family assistance □
   - e. Spousal or child support □

7. Do you have enough money coming in or saved to meet your expenses each month? □ Y □ N

8. Do you have the same job as before the fire? □ Y □ N □ Unemployed prior to fire
   - a. Has your employer been supportive of your recovery needs? □ Y □ N □ N/A
   - b. Do you feel this job is stable? □ Y □ N □ N/A
   - c. Does your spouse/partner have the same job as before the fire? □ Y □ N □ N/A □ Unemployed prior to fire
   - d. Has your spouse/partner's employer been supportive of his/her recovery needs? □ Y □ N □ N/A
   - e. Do you feel your spouse/partner's job is stable? □ Y □ N □ N/A

9. Are you able to care for your own personal needs? □ Y □ N

10. How have your needs changed due to the fire? What kind of assistance could you use?

11. What immediate needs would you like to address before you leave today?

12. Have you been able to get yourself to work on time on a regular basis since the fires? □ Y □ N □ N/A

13. Did you lose your clothes and other supplies for daily life due to fire or smoke damage? □ Y □ N

14. Do you have transportation? □ Y □ N

15. How have your transportation needs changed due to the fires?

16. Do you have a driver’s license? □ Y □ N

17. Do you have shelter/housing now? □ Y □ N

18. Do you have any concerns about your housing situation?
   - a. □ Trouble finding housing
   - b. □ Unsafe housing
   - c. □ Not enough money to pay for housing
   - d. □ Waiting for section 8
   - e. □ Eviction/recent foreclosure
   - f. □ Not currently housed
   - g. □ Housing at risk
   - h. □ Unstable housing
   - i. □ No Concerns
   - j. □ Other ____________________________________
### 19. How many people are in your current household? _________
### 20. How many bedrooms are there? _______ or ☐ Homeless
### 21. How many units on the property of your current housing? ______
### 22. Do you feel safe in your current housing? ☐ Y ☐ N
### 23. Are you receiving any form of emotional support such as:
   a. ☐ Counseling
   b. ☐ Therapy
   c. ☐ Ministry
   d. ☐ Other
   e. ☐ No
### 24. Do you have any community group, church community, or other social network that provides you with emotional or spiritual support? ☐ Y ☐ N
   If yes, how were these supports impacted due to the fires?
### 25. Do you fear for your health or safety or for those around you? ☐ Y ☐ N
### 26. Tell me about your personal support/community
   a. ☐ I have good support from family
   b. ☐ I have no or limited contact with family
   c. ☐ I have friends who help me (in or out of town?)
   d. ☐ I feel isolated/little community support
   e. ☐ I am as active and involved as I want to be
   f. ☐ I have difficulty participating in group activities
   g. ☐ I have been pressured/negatively influenced by people in my life
### 27. Have you had past traumatic events in your life? ☐ Y ☐ N
   If yes, describe:
### 28. How is your physical health?
   a. ☐ Chronic health concerns
   b. ☐ Physical disabilities
   c. ☐ Dental problems
   d. ☐ Vision problems
   e. ☐ Allergies/environmental sensitivity
   f. ☐ Chronic pain
   g. ☐ History of head trauma
   h. ☐ Sleep disturbances
   i. ☐ No Concerns
### 29. Do you have access to a health care clinic for yourself? ☐ Y ☐ N
### 30. Have you accessed the clinic since the fires? ☐ Y ☐ N
### 31. How do you cover medical expenses?
   a. Insurance ☐ Y ☐ N
   b. MediCal ☐ Y ☐ N
   c. MediCare ☐ Y ☐ N
   d. Out of Pocket ☐ Y ☐ N
   e. Other _____________________
### 32. If you or a family member needed support for substance abuse would you know how to access it? ☐ Y ☐ N
### 33. Have experienced a change in use of alcohol or drugs in yourself or any family members since the fire? ☐ Y ☐ N
### 34. What has been most challenging for you since the fires and evacuation ended?
### 35. Does your household have children? ☐ Y ☐ N

**Please skip to the Housing Section on the next page if household does not have children**

### 36. Have you been able to get your kids to school on time on a regular basis? ☐ Y ☐ N
### 37. Was your child’s school closed due to the fires? ☐ Y ☐ N
### 38. Are they at the same school site now? ☐ Y ☐ N
### 39. Is the school community supportive? ☐ Y ☐ N
### 40. Do your children have the support they need right now? ☐ Y ☐ N
### 41. Has their behavior changed since the fire? ☐ Y ☐ N
### 42. Do you have parenting support? ☐ Y ☐ N
### 43. Would you like parenting support? ☐ Y ☐ N
### 44. Do you have access to a healthcare clinic for your children? ☐ Y ☐ N
### 45. Did you lose access to childcare? ☐ Y ☐ N ☐ NA
### 46. Describe your current child care situation:

### 47. Do your children feel safe in your current housing? ☐ Y ☐ N
### 48. Are you dealing with any child custody arrangements? ☐ Y ☐ N
### 49. Do your children have any specific needs or issues from before the fire or that have appeared since? ☐ Y ☐ N
   If yes:
## HOUSING

1. Were you able to meet your housing payments (rent or mortgage), and your other expenses each month before the fires?  ☐ Y  ☐ N
2. Have you ever been homeless in the past?  ☐ Y  ☐ N

The following questions are about your current housing.

3. Do you currently have pets?  ☐ Y  ☐ N  
   # Dogs_____  # Cats_____  # Other_____
4. Do you have enough money for your current rent or mortgage payment?  ☐ Y  ☐ N  ☐ N/A
5. Are you currently renting?  ☐ Y  ☐ N

The following questions are about your pre-disaster residence.

6. Was the residence affected by the disaster your primary residence?  ☐ Y  ☐ N
7. How many people lived in the house total (# outside of current household for case) __________
8. How many bedrooms were there? _____
9. How many bathrooms were there? _____
10. Are there essential utilities or appliances that are not functioning?

   a. Water: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   b. Gas: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   c. Electric: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   d. Sewer/septic: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   e. HVAC: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   f. Refrigeration: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   g. Other: __________  ☐ Overdue bill  ☐ Repair  ☐ Replacement
   h. ☐ Unknown

11. Has there been damage to or loss of household essentials?  ☐ Y  ☐ N If yes, describe:

If you are currently renting:

16. Is the rent being covered by an external entity?
   ☐ FEMA  ☐ Insurance Company  ☐ No  ☐ Other __________
17. How much are your monthly rental payments?  $___________
18. Are you behind on rent?  ☐ Y  ☐ N
   If yes: What is the amount of rent currently due?  $___________
19. Consent to engage landlord?  ☐ Y  ☐ N
   If yes: Landlord Name ____________________________
   Contact Information ____________________________
   Landlord Address ____________________________

If you owned a pre-disaster residence:

20. Is the title clear?  ☐ Y  ☐ N
21. Did you own the land?  ☐ Y  ☐ N  ☐ Unknown
22. How many units were on property? __________
   All permitted?  ☐ Y  ☐ N  ☐ N/A
23. Do you have a mortgage?  ☐ Y  ☐ N
   a. PMI Loan?  ☐ Y  ☐ N
   b. Mortgage payment $_______________
   c. Total Mortgage Amt __________
   d. Payoff date __________
   e. Are payments current?  ☐ Y  ☐ N
   f. Are your property taxes current?  ☐ Y  ☐ N
24. Do you have repair estimates?  ☐ Y  ☐ N
   Estimate amount $_______________
25. Do you have funds to apply towards construction/rebuilding of the home?  ☐ N/A  ☐ N  ☐ Y  $_______________
### INSURANCE AND DISASTER AID

1. Do you have homeowners or renters insurance for your pre-disaster residence?
   a. ☐ Homeowners
   b. ☐ Renters
   c. ☐ None

   Insurance Company and contact information__________________________

2. If yes, have you submitted a claim to the insurance company? ☐ Y ☐ N ☐ NA
   Claim #________________________
   a. If YES what is the status of the claim? ________________________
   b. Total amount received from the insurance company to date? $__________
   c. How much of the insurance settlement is remaining? $__________
   d. Describe how you have spent, or plan to spend, the insurance settlement ____________________________________________________________

3. Were you able to keep your receipts from evacuation and expenses since the fire?
   ☐ Yes ☐ Some ☐ No

4. What is the status of your FEMA application?
   a. ☐ Have not applied – If not applied, SKIP TO #5
   b. ☐ Application submitted
   c. ☐ Application approved
      i. Date of the initial determination made by FEMA __________________
      ii. Total amount received from FEMA $________________
      iii. Max grant received? Y ☐ N ☐
   d. ☐ Application denied
      i. Date of the initial determination made by FEMA __________________
      ii. ☐ Client has appealed
         1) Date of initial appeal __________________
         2) What were the results of the initial appeal?
            a) ☐ Approved
               i) Total amount received after appeal $__________ if approved
            b) ☐ 2nd appeal pending
            c) ☐ 3rd appeal pending
            d) ☐ Denied
               i) Reason for denial __________________________________________________________________________
      iii. ☐ A FEMA appeal is needed
   e. ☐ Undetermined
   f. ☐ Decline to submit

5. Have you applied for a post-disaster or second home loan (other than SBA)? ☐ Y ☐ N
   a. If yes, what is the status of the application? ☐ Pending ☐ Denied ☐ Approved $__________

6. Did you apply for SBA loan?
   a. ☐ Yes: Date of submission __________ SBA Loan #________________________
   b. ☐ No

7. SBA loan status if you applied:
   a. ☐ Pending
   b. ☐ Approved $______________
      i. Did you receive the SBA Loan? ☐ N ☐ Y $________________
   c. ☐ Denied
   d. ☐ N/A
1. What is the total monthly household income for all family members’ employment income and benefits? $____________

2. What was the total monthly household income for all family members’ employment income and benefits right before the fires? $________________

3. Did your household lose income due to the disaster? ☐ Y ☐ N Date Income Lost _________________
   a. Describe the circumstances surrounding the loss of income:

4. If returned to work: when? ___________________________ ☐ N/A

5. Were you following a household budget before the fires? ☐ Y ☐ N

6. Have you used a budget before? ☐ Y ☐ N

7. Are you using a household budget now? ☐ Y ☐ N

8. Were you saving on a regular basis before the fires? ☐ Y ☐ N

9. Are you enrolled in a matched savings program? ☐ Y ☐ N

10. With who?
11. Did you have emergency savings you were able to use after the fires? ☐ Y ☐ N

12. Do you have a bank account? ☐ Savings (Amt)__________ ☐ Checking ☐ Other ☐ None
    Bank(s): ____________________________________________

13. Does anyone in your household have a retirement account? ☐ Y ☐ N
    a. Have you had to access it since the fires? ☐ Y ☐ N

14. Do you have any investments or other assets that contribute to your financial stability? ☐ Y ☐ N ☐ N/A

15. Have you checked your credit in the last year? ☐ Y ☐ N Last known credit score _________________
    a. If yes, were there errors in the credit report? ☐ Y ☐ N
    b. If yes, did you take action to correct it? ☐ Y ☐ N

16. Has your credit history made it hard to get a car, insurance, phone, job or housing? ☐ Y ☐ N

17. Did you complete your taxes last year?
18. Did you complete your taxes in the last three years? ☐ Y ☐ N

19. Please list your current vehicles not damaged in the fire (make, year, amount owed):

20. Do you have student loans or other debts you are having trouble paying? ☐ Y ☐ N
    Total debt: $______________

21. How much of your total debt has been added since the fires? $______________
    Please describe:

22. Have you been trying to pay down your debt? ☐ Y ☐ N If no, skip to question #25

23. Have you had issues with a financial product or service like a bank account, loan, mortgage, debt collector, or credit report that you haven’t been able to solve? ☐ Y ☐ N

24. Did you have any financial goals you were working on before the fire? ☐ Y ☐ N
    Please describe:

25. Do you manage the finances for the household or does someone else?
    ☐ I manage the finances ☐ Someone else manages the finances

Complete CFPB Questionnaire
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tell me how you would describe your preferred life.</td>
<td></td>
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<tr>
<td>2. What is your current recovery plan?</td>
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<tr>
<td>3. What steps have you already taken towards recovery?</td>
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</tr>
<tr>
<td>4. What personal characteristics have helped you deal with challenging circumstances in the past?</td>
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<tr>
<td>5. What do you see as your biggest obstacles to achieving a full recovery?</td>
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<tr>
<td>6. Did you have other difficult life events happen before or since the fire that are making your recovery process challenging?</td>
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<tr>
<td>7. Do you and your spouse/partner agree on what recovery path to take?</td>
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</tr>
<tr>
<td>8. Do you have any outstanding legal issues that since or before the fires that may affect your ability to fully recover?</td>
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<tr>
<td>9. Are you interested in more information about Immigration programs?</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>10. Are you considering enrolling in an education program or changing jobs?</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>11. Do you have adults in your life that you help care for?</td>
<td>☐ Y ☐ N</td>
</tr>
</tbody>
</table>
12. Is there any other information you would like to share that can help me support you and your family?

13. Have you received any assistance from other agencies? ☐ Y ☐ N

14. Assistance Received Prior
   ☐ 4Cs
   ☐ Catholic Charities
   ☐ Community Action Partnership
   ☐ California Human Development
   ☐ City of Santa Rosa
   ☐ Council on Aging
   ☐ County of Sonoma
   ☐ Jewish Family Children Services
   ☐ Lutheran Social Services
   ☐ My Children’s School
   ☐ My Church
   ☐ Peer Sonoma
   ☐ Red Cross
   ☐ St. Vincent de Paul
   ☐ Tzu Chi
   ☐ United Way
   ☐ UndocuFund
   ☐ Napa County Resources
      ☐ Napa Valley Community Disaster Relief Fund
      ☐ Napa Valley Community Disaster Relief Fund (Small Business Recovery)
      ☐ Arts Council Napa Valley Disaster Recovery Fund (Economic and/or physical loss)
      ☐ COPE Family Center
      ☐ Napa Fire Recovery Center
      ☐ Up Valley Family Center
   ☐ Other

Next Step: Complete Self-Sufficiency Matrix

Completed by______________________________

Entered in ETO: Date ______________________ Initials _______
Rebuilding Our Community (ROC) Sonoma County
Client Demographics and Household Screening

Rebuilding our Community is a group of agencies throughout the county working together to make sure all of our residents are able to fully recover from the 2017 Fires. This information is needed to assess the full impact in our community, it will not be shared without your permission.

Head of Household Demographics
1) First Name _____________________ Middle Initial ___ Last ________________________________
2) Street Address __________________________________ Apt # _____ Zip code________ Date of Birth __/__/____
3) Phone (______) _______ – ________ □ Home □ Cell □ Work Email____________________________
4) How long have you been at this address? ________________________________________________________________________________
5) Mailing Address __________________________________ Apt # _____ Zip code________
6) What is the best way for us to contact you? □ call □ email □ text Can we leave a message? □ Yes □ No
7) Preferred Language________________________ Translation Assistance Needed? □ Yes □ No
8) How well do you speak English? □ Very well □ Well □ Not well □ Not at all

Demographic Information
9a) Race (Select as many as apply):
□ American Indian or Alaskan Native
□ Asian
□ Black or African-American
□ White
□ Native Hawaiian or Other Pacific Islander
□ Other
□ Rather not say
9b) Ethnicity (Select one):
□ Hispanic/Latino
□ Non-Hispanic/Non-Latino
□ Rather not say
10) Gender
□ Male
□ Female
□ Other
□ Rather not say
11) Are you a Veteran? □ Yes □ No □ Rather not say

Household Screening
12) Does everyone in your household have health insurance? □ Yes □ No □ Don’t know □ Rather not say
12a. What kind of health insurance____________________________
13) Do you feel your current housing is at risk? □ Yes □ No □ Don’t know □ Rather not say
14) Are you homeless? □ Yes □ No □ Rather not say
15) Do you feel safe at home? □ Yes □ No □ Rather not say

The following information helps us to determine your eligibility for programs that may help your household.
16) Please provide the TOTAL Gross Income for all members of your household for last year: ___________________________ (an estimate is OK)
17) Are you active on CalFresh? □ Yes □ No □ Not sure Start Date ______________ County Case# ____________
### Household Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Relationship: SELF</th>
<th>DOB:</th>
<th>Employment Status</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td></td>
<td>□ Retired</td>
<td>□0-8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Employed: full time part time</td>
<td>□9-12/non-graduate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Student</td>
<td>□ High school grad/GED</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self-employed</td>
<td>□ 12/some Post-secondary</td>
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<td></td>
<td></td>
<td></td>
<td>□ Unable to work due to disability</td>
<td>□ 2 or 4 year College Grad</td>
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<td>□ Unemployed: How long?</td>
<td>□ Grad school</td>
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<td></td>
<td>N/A</td>
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<td></td>
<td>□ Yes □ No</td>
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<td>□ Retired</td>
<td>□0-8</td>
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<td>□ Employed: full time part time</td>
<td>□9-12/non-graduate</td>
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<td></td>
<td>□ Student</td>
<td>□ High school grad/GED</td>
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<td>□ Self-employed</td>
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