



State of New Jersey, Non-UASI Regions
Hunterdon County ESF 14A – Human Services
Annex: Volunteers and Donation Management

UNITED WAY OF HUNTERDON COUNTY
Working in partnership with HCCOAD (Community Organizations Active in Disaster)

United Way of Hunterdon County is a member of the Hunterdon County COAD, a voluntary association of entities involved in disaster relief and recovery. Participants in the COAD include:

- Disaster relief organizations
• Faith-based organizations
• Fund raising organizations
• Governmental entities
• Service agencies

By signing this release and providing information on the Initial Intake Form, you may be able to obtain assistance from the organizations that form the HCCOAD. The information you furnish will be distributed to the appropriate organizations. The participating organizations should contact you directly to discuss the assistance to which you may be eligible.

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RELEASE OF CONFIDENTIAL INFORMATION

- A. I, _____, hereby authorize UWHC to release to the agencies or people designated all information contained in this UWHC Intake and Referral form and any information maintained by the UWHC that is relevant for the purpose of providing assistance for my needs caused by disaster.
B. I, _____, hereby authorize the agencies or people designated below to release to the HCCOAD all information contained in this UWHC Intake and Referral form and any information maintained by the agencies or people that is relevant and necessary for the purpose of providing assistance for my needs caused by disaster.
C. If you wish to limit this release to specific information, please specify the information that may be released.

- D. Name of Agencies or People Designated:
(1) _____ Sign your initials here if you want all organizations that participate in HCCOAD to be able to release and obtain information.
(2) Write the names of specific organization or people that may release and obtain information here if you want only certain organizations or people to share information:

- E. I understand that I have the right to review this material before signing this consent form. I understand that this consent can be revoked at any time by letter, except to the extent that action has already been taken, and that this consent will remain in effect no longer than the time reasonably necessary to accomplish the purposes for which it was given.
F. I understand that the release of this information does not guarantee that assistance will be provided, but that without the information, my case cannot be presented to UWHC or the HCCOAD for consideration.

Date: _____

Signature _____

ANTI-DISCRIMINATION AND ANTI-HARASSMENT POLICY

The policies and practices of United Way of Hunterdon County are to accept requests, provide service and assistance, and make decisions without discrimination because of gender, gender identity, transgender status, sexual orientation, perceived sexual orientation, race, ancestry, religion, national origin, age, medical condition, disability, marital or civil union status, veteran status, citizenship status, source of income or other protected group status and to treat all persons requesting assistance equally and fairly. In keeping with this commitment, United Way of Hunterdon County will not tolerate harassment of applicants by anyone, including staff and volunteers of United Way of Hunterdon County.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as gender, gender identity, transgender status, sexual orientation, perceived sexual orientation, race, ancestry, religion, national origin, age, medical condition, disability, marital or civil union status, veteran status, citizenship status, source of income or other protected group status.

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**UNITED WAY OF HUNTERDON COUNTY (UWHC)
INITIAL INTAKE AND REFERRAL FORM**

Individual or Family Name: _____ DATE: _____

All Household Members:

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER	

Pre-disaster address: _____

Current address: _____

Will you be able to return to your pre-disaster address? Yes No Estimated date of Return: _____

Current Phone #: _____ - _____ - _____

Alternate Contact: _____ Phone #: _____ - _____ - _____

Email address: _____

DESCRIPTION OF LOSSES (Personal & Real Property):

In what areas, if any, do you need additional support? (Please check all that apply). This might include social services, mental health services, subsidized housing, food support, etc.

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- **Adult Basic Education/ GED/ HSE**
- **Adult Day Care**
- **Adult Protective Services (APS)**
- **Case Management- developmental disability**
- **Case Management- mental health**
- **Case Management- older adults**
- **Case Management- substance abuse**
- **Child Protective services (DCPP/DYFS)**
- **Child Support and Paternity**
- **Children’s System of Care (CMO/MRSS/FSO)**
- **Counseling (Mental Health, Substance Abuse, General)**
- **Dental Care**
- **Detox Program**
- **Disability Services**
- **Domestic Violence Services**
- **Emergency Shelter**
- **Emergency Room**
- **Employment/Vocational Services**
- **English Language Instruction (ESL)**
- **Family Crisis Intervention**
- **Financial Education**
- **Food Assistance (SNAP/WIC)**
- **Food Banks/Pantries**
- **General Assistance (welfare)**
- **Guardianship**
- **Halfway House Services (Men and Women)**
- **Home Health Services**
- **Home Delivered Meals**
- **Housing Assistance (Section 8)**
- **Independent Living**
- **Information and Referral**
- **Immigration**
- **Legal Services**
- **LGBTQ + Support Services**
- **LINK**
- **Long Term Care (In-Home or In a Facility)**
- **Medical Care**
- **Medication**
- **Medication Mentoring**
- **Mental health services (inpatient/outpatient/or residential)**
- **Mentoring- youth**
- **Mortgage/ Rental assistance**
- **Parent Education**
- **Pregnancy & Prenatal Care**
- **Psychiatric Assessment/Screening**
- **Public Transportation**

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- **Recovery Support Services**
- **Respite-seniors**
- **Respite-disability**
- **Senior Center Activities**
- **Special Child Health Services**
- **Substance Abuse Treatment (inpatient/outpatient/or residential)**
- **Subsidized Child Care**
- **Temporary Assistance Needy Families (TANF)**
- **Transitional Housing**
- **Utility Assistance**
- **Veteran’s Services**
- **Other (please specify) _____**

Please list any nonprofits, faith based organizations or government agencies you or any member of your household used to access services prior to this crisis. (ex. Fisherman’s Mark for food support, Hunterdon Healthcare for mental health counseling, TANF through Social Services, etc.)

Signature

Date

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If you are able to provide additional information at this time, please complete this side as it will assist UWHC in referring you to the appropriate agencies and organizations for assistance. If you are not able to complete this information at this time, someone from the HCOAD (Hunterdon County Community Organizations Active in Disasters) will contact you to assist you in completing the necessary information.

LIVING ARRANGEMENTS

Home Owner Single Family Multi-Family # Units _____

Renter Landlord's Name _____ Landlord's Phone # _____

Does Landlord live there? Yes No If, no, landlord's address: _____

Has property previously been in a disaster? Yes No If yes, when? _____

If a flood, previous water mark: _____

Have any mitigation techniques been considered in this recovery or in previous disaster recovery?

Yes No If yes, explain: _____

HOUSEHOLD INCOME & ASSETS: Total Income \$ _____ per _____ Total Annual Income \$ _____
 Applicant: Name: _____ Employed: Yes _____ No _____ No due to Flood? _____
 Employer: _____ Salary: \$ _____

Other Adult In Home: Name: _____ Employed: Yes _____ No _____ No due to Flood? _____
 Employer: _____ Salary: \$ _____

Disability Ins. \$ _____ Social Service Assistance \$ _____ Social Security/SSI \$ _____
 SNAP \$ _____ Child Support \$ _____ Other \$ _____
 Checking \$ _____ Savings \$ _____

HOUSEHOLD EXPENSES: Total \$ _____
 Rent/Mortgage \$ _____ Equity Loan \$ _____ Electricity \$ _____ Water \$ _____
 Gas \$ _____ Oil \$ _____ Food \$ _____ Medicine \$ _____
 Property Taxes: \$ _____ Telephone \$ _____ Insurances \$ _____
 Credit Cards \$ _____ Medical Expenses: \$ _____ Car Loan/Lease \$ _____
 Other: \$ _____ Other: _____
 \$ _____

FAMILY RECOVERY PLAN:
