

PDAT INCIDENT TRIAGE FORM

CHECK ALL THAT APPLY:

Incident Type: Wind Flood Fire Other _____

Church/Mission Partner Name: _____ City: _____

Physical Address: _____

Mailing Address: _____

Church Phone: _____ Church Email: _____

Submitter Name: _____ Role in Organization: _____

Submitter Phone: _____ Email: _____

Has the Session or Organization Leadership approved completing this form?

Date: _____

Submitters Signature: _____

Date: _____

Has your organization implemented a Disaster Preparedness plan? Yes No

Does your organization have a Disaster Preparedness Team: Yes No

Coordinator: _____ Phone: _____ Email: _____

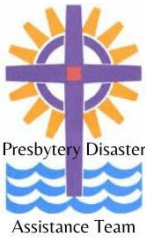
NEEDS CHECKLIST

Immediate: Meeting Place/Worship _____ Yes No

Community Services Impacted Yes No

Pastoral /Mental Health Services Yes No

Other: _____



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Personnel Affected/Needs:

Pastor: _____ No _____ Yes If Yes, check all that apply:

_____ Housing _____ Transportation _____ Other: _____

Additional Staff: _____ No _____ Yes If Yes, Count _____

Check all that apply:

_____ Housing _____ Transportation _____ Other: _____

Critical Services Impacted:

Ministries or Nested Organizations affected - Check all that apply:

___ Food Pantry ___ Meal Service ___ Support Groups ___ Other: _____

Names of any partner organization or providers impacted: _____

Organizational Impacts:

Financial: _____ Yes _____ No Describe: _____

Structural: _____ Yes _____ No Describe: _____

Property(non-structure): _____ Yes _____ No Describe: _____

Utilities:

Power _____ Yes _____ No Describe: _____

Communications _____ Yes _____ No Describe: _____

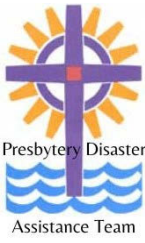
Water _____ Yes _____ No Describe: _____

Sewer _____ Yes _____ No Describe: _____

Technology _____ Yes _____ No Describe: _____

Organization Records _____ Yes _____ No Describe: _____

Potential Long-Term Issues Identified:



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Financial Resources:

Insurance Coverage: ____ Yes ____ No Deductible: _____

Financial Reserves: ____ Yes ____ No Approximate Amount: _____

FEMA Application: ____ Yes ____ No If yes, Date Applied: _____

SBA Disaster Loan Application: ____ Yes ____ No If yes, Date applied: _____

Other Completed Financial Support Sources: ____ Yes ____ No

List Sources: _____

Visited Disaster Recovery Center ____ Yes ____ No Date: _____

Formal Damage Assessment Completed: ____ Yes ____ No: Date: _____

Resources Needed

Would you like to request a Disaster Care Response team from Presbytery Disaster Assistance meet with your church? ____ Yes ____ No

Are you seeking Financial Support from the Presbytery of Tampa Bay? ____ Yes ____ No

If yes, a separate financial assistance grant application will be made available to you after review.

Other Resources Needed: _____