Contact Form

Washington County Long Term Recovery Group

The Washington County Long Term Recovery Group serves residents of Washington County, Tennessee. Please complete this form to provide contact information to the WCLTRG and grant permission to the WCLTRG to seek relief and share contact information with benefactors.

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type: (CIRCLE ONE) Mobile | Home | Work

Email: _____

Do you live in Washington county?

- ☐ Yes
- ☐ No
- ☐ Unsure

Are you the property owner?

- ☐ Yes
- ☐ No

What type of home do you have?

- ☐ Single family home
- ☐ Multi-family home
- ☐ Manufactured home
- ☐ Connected unit

How many homes are on the property?

_____

How many residents live on the property?

_____

Waiver to receive volunteer aid I understand this form is neither a representation of aid nor a guarantee of aid. By signing this form, I agree to: 1. share contact information with the group and benefactors who coordinate and provide aid; 2. acknowledge there is value to the time, services, and materials provided by the group; 3. hold harmless the group (and its volunteers and affiliates) who provide labor services from damage or injury on the property; 4. release liability; 5. participate in the necessary processes to facilitate distribution of aid.

Signature: _____ Date: _____

Intake Survey

How was the property impacted by hurricane Helene? (choose one)

- ☐ No damage
- ☐ Affected (cosmetic damage not requiring repair or loss of personal property)
- ☐ Minor Damage (damage requiring repair)
- ☐ Major Damage (serious damage requiring repair)
- ☐ Destroyed (uninhabitable or physically destroyed)

What living arrangement are you currently experiencing? (choose one)

- ☐ Stable housing
- ☐ Unstable housing
- ☐ Unhoused

Briefly provide a description of current needs:

Do you consent to being contacted by the WCLTRG?

- ☐ All communications
- ☐ Only communications about direct assistance
- ☐ No communications

To be completed by interviewer

Interviewer name:	
Time, date, location:	

Rights and Responsibilities

Washington County Long Term Recovery Group

As a client of this disaster case management program, you are voluntarily partnering with the Washington County Long Term Recovery Group (WCLTRG) and your assigned contact. The rights and responsibilities are summarized below to establish a shared understanding of each role in the partnership.

Both clients and case contacts have these rights:

- Act in a professional and dignified manner.
- Accept or refuse services without penalty.
- Receive accurate and timely information in a preferred language.
- Maintain a private and confidential relationship.
- Express concerns without penalty.
- Withdraw from service at any time.

As a client, your responsibilities include:

1. Developing and sharing your recovery plan with your case contact.
2. Taking an active role in implementation of your recovery plan.
3. Providing accurate and timely information to your case contact related to your recovery activities.
4. Asking for assistance from your case contact when you have exhausted other resources.
5. Treating others with respect.
6. Understanding the limitations of the WCLTRG and the services and assistance it may provide.
7. Differentiating your recovery needs from other needs that are unrelated to your recovery plan.

The case contact's responsibilities include:

1. Assisting you to identify how the disaster affected your life, and how to recover from it.
2. Providing you accurate and timely information about community resources and helping you access those resources.
3. Helping you to develop a realistic personal recovery plan.
4. Advocating for you to obtain resources when other resource options have been exhausted.
5. Prioritizing activity that moves your personal recovery plan.
6. Collecting information about you to help you with applications, requests for help, enrollment documents, and other administrative tasks.

Affirmation

I affirm this partnership is not a representation of service nor a guarantee of assistance. I will uphold the responsibilities outlined in this document. This affirmation may be read aloud and acknowledged in lieu of signature.